



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

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Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

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If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
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**DYNAMIC SCIENCE, INC.**  
**In-Depth Accident Investigation**

**Contract DTNH22-94-D-27058**  
**Case DSI-95-AB-19**

 1995

## TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.  
CONTRACT NUMBER: DTNH22-94-D-27058  
CASE NUMBER: Case DSI-95-AB-019

This two vehicle crash occurred during the early evening hours of a fall weekday at the intersection of a divided roadway and a freeway off ramp. The weather was clear, the road surface dry and free of defects.

Vehicle 1, a 1994 Toyota Camry LE four-door driven by a 26-year-old female, was traveling east in the second lane of a four-lane divided roadway approaching a freeway off-ramp. Vehicle 1 was equipped with both driver and passenger side airbags. The passenger side airbag is a midmount setup. The driver was wearing the available 3-point manual lap and shoulder restraint. The right front seat was occupied by a 5-month-old female seated in an Evenflo Joyride (Travel Tandem) child safety seat. The seat was in the rearward facing position. The lap and shoulder belt was looped through the base but no locking clip was used. The handle was in the "up" position and a cloth canopy was in place. This seat will properly lock when the bucket half is attached to the base with the handle up, but it is recommended that the handle be in the down position when driving. It appears that the webbing was not properly doubled back. The right rear seat was occupied by a 3-year-old female seated in a toddler seat.

Vehicle 2, a 1985 Toyota Corolla SR-5 driven by a 35-year-old female, was traveling northbound on the off-ramp approaching the same intersection. The right front seat was occupied by a 36-year-old male. The right rear seat was occupied by a 10-year-old female.

As Vehicle 1 was approaching the intersection, Vehicle 2 pulled out in front of this vehicle. The driver of Vehicle 1 braked and steered to the left. The front of Vehicle 1 struck the left front tire area of Vehicle 2. Both airbags in Vehicle 1 deployed at this point. A CRASH run determined that Vehicle 1 sustained an 8.8 KPH (5.5 MPH) longitudinal velocity change and Vehicle 2 sustained a 10.6 KPH (6.6 MPH) lateral velocity change. Vehicle 1 continued generally forward while Vehicle 2 was rotated clockwise. There was a second, "sideslap" type impact between the right side of Vehicle 1 and the left side of Vehicle 2.

The driver of Vehicle 1 sustained abrasions to both inner arms and contusions to her chest and abdomen. The right rear passenger complained of pain to her legs and mouth. The right front passenger sustained left temporo-occipital and right occipital skull fractures; subdural and subarachnoid hemorrhages; and subgaleal hematomas. This passenger was transported to a trauma center and expired the next day. At this juncture, it appears that the child safety seat began moving forward as the driver of Vehicle 1 began braking. At impact, the airbag deployed. There is evidence that the lower edge of the module cover, as well as the airbag itself, struck the most forward facing portion of the seat. The right rear occupant did not sustain any injuries.

Both vehicles were towed from the scene due to damage and were placed in police storage.

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*The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.*

*The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.*

*Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.*

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**DYNAMIC SCIENCE, INC.**  
**ACCIDENT INVESTIGATION**  
**CASE NUMBER: DSI-95-AB-19**

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**ACCIDENT DATA:**

**Location:** [REDACTED] California  
**Area/Type:** Urban  
**Date/Time:** Fall/Early Evening  
**Accident Type:** Vehicle to Vehicle / Front to Side

**Injury Severity:**

**Vehicle 1:** Driver, AIS-1  
RF Occupant, AIS-5

**Vehicle 2:** Driver, complaint of pain to head  
RR Occupant, complaint of pain to legs and mouth

**AMBIENCE:**

**Viewing Conditions:** Good  
**Cloud Cover:** Clear  
**Precipitation:** None  
**Temperature:** 21° C (69 ° F)  
**Road Surface:** Dry

**ROADWAY:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Type:</b>	Four-lane, divided	Two-lane, one-way
<b>Width:</b>	25.3 M (83 ft.)	9.5 M (31 ft.)
<b>Traffic Density:</b>	Moderate	Moderate
<b>Median:</b>	Painted flush	None
<b>Edge:</b>	Curb on right, double yellow lines on left	Curbed on left and right
<b>Surface:</b>	Bituminous	Concrete
<b>Reported Defects:</b>	None	None
<b>Co-efficient of Friction (est.):</b>	0.70	0.70
<b>Vertical Alignment:</b>	Level	+1.6%
<b>Horizontal Alignment:</b>	Straight	Straight

**TRAFFIC CONTROLS:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Signals:</b>	3-phase traffic signal	3-phase traffic signal
<b>Signs:</b>	None applicable	None applicable
<b>Speed Limit:</b>	56 KPH (35 MPH)	56 KP (35 MPH)
<b>Markings:</b>	Double yellow lines on left	Single yellow line on left; single white line with diagonals on right.

**VEHICLES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Description:</b>	1994 Toyota Camry LE four-door	1985 Toyota Corolla SR- 5
<b>Odometer:</b>	52986 kilometers 32925 miles	228527 kilometers 142004 miles
<b>Engine:</b>	L4 EFI	1452 CC 4 Cyl.
<b>Vehicle Modifications:</b>	None	None
<b>Tire Condition:</b>	Good	Good
<b>Manual Restraints:</b>	Three-point manual lap/shoulder restraints at LF, RF, LR, and RR seating positions. Two- point manual lap restraint at CR seating position.	Three-point manual lap/shoulder restraints at LF, RF, LR, and RR seating positions.
<b>Automatic Restraints:</b>	Driver and passenger side airbags	None
<b>Reported Defects:</b>	None	None
<b>Cargo:</b>	None	None
<b>Windshield Damage:</b>	None	Cracked by impact forces.
<b>Fleet:</b>	No	No
<b>Tow Status:</b>	Towed due to crash damage	Towed due to crash damage

**VEHICLE DAMAGE:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Object Struck:</b>	Vehicle 2	Vehicle 1
<b>Event Number:</b>	01	01
<b>CDC:</b>	12FDEW1	09LYEW1
<b>Maximum Crush:</b>	2.0 cm (0.8 inch)	7.0 cm (2.75 inch)

**VEHICLE VELOCITY ESTIMATES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Impact Speed: (estimated)</b>	31.2 KPH (19.4 MPH) [Minimum pre-braking speed]	18.02 KPH (11.2 MPH)
<b>Total Delta V:</b>	8.8 KPH (5.5 MPH)	10.6 KPH (6.6 MPH)
<b>Longitudinal Delta V:</b>	-8.8 KPH (-5.5 MPH)	-0.9 KPH (-0.6 MPH)
<b>Lateral Delta V:</b>	-0.8 KPH (-0.5 MPH)	10.6 KPH (6.6 MPH)
<b>Energy Dissipation:</b>	11967.1 NT-M (8825.3 FT-LB)	2540.8 NT-M (1873.8 FT-LB)

Delta Vs calculated using CRASH III. A comparison was made between the default stiffness values and the values calculated using crash test results for a 1992 Toyota Camry. Using the "9" code was deemed most appropriate in this case. The results appear low, but this is no doubt due to the low speed and restitution.

Calculate minimum travel speed for Vehicle 1 using precrash skid and using velocity change as the impact speed.

$$S_1 = \sqrt{30 * d * f}$$

where  $S_1$  = skid speed,  $d$  = skid distance = 16.5 ft.  
 $f$  = drag factor = 0.7,  
 $S_1 = \sqrt{30 * 16.5 * 0.7} = 18.6 \text{ MPH} = 29.9 \text{ KPH}$

$$S_1 = \sqrt{S_s^2 + S_i^2}$$

where  $S_s$  = speed at start of skid,  $S_i$  = impact speed  
 $S_1 = \sqrt{18.6^2 + 5.5^2} = 19.4 \text{ MPH} = 31.2 \text{ KPH}$

Calculate Vehicle 2 travel speed at impact as acceleration from stop using 4 ft/sec/sec as an acceleration rate.

$$S_2 = \sqrt{s_i^2 + (2aD)}$$

where  $S_2$  = speed after acceleration,  $s_i$  = initial speed,  
 $a$  = acceleration rate,  $D$  = distance  
 $S_2 = \sqrt{0 + (2 * 4 * 36)} = 16.49 \text{ ft/sec}$   
 $S_2 = \frac{16.49}{1.467} = 11.2 \text{ MPH} = 18.02 \text{ KPH}$

**COLLISION SEQUENCE:**

**Pre-Crash:** This two vehicle crash occurred during the early evening hours of a fall weekday at the intersection of a divided roadway and a freeway off ramp. The weather was clear and the bituminous roadway dry at the time of the accident. The posted speed limit for both roadways was 56 km/h (35 MPH).

The east/west roadway consists of two eastbound and two westbound travel lanes. This roadway is approximately 26 meters (84 feet) wide with a bituminous surface. The eastbound travel lane is straight. The northbound roadway consists of two lanes with turn arrows to go west and east.

Vehicle 1, a 1994 Toyota Camry LE four-door driven by a 26-year-old female, was traveling east in the second lane of the roadway approaching a freeway off-ramp. Vehicle 1 was equipped with both driver and passenger side airbags. The passenger side airbag is a mid-mount setup. The driver was wearing the available 3-point manual lap and shoulder restraint. The right front seat was occupied by a 5-month-old female seated in an Evenflo Joyride (Travel Tandem) child safety seat. The seat was in the rearward facing position. The lap and shoulder belt was looped through the base but no locking clip was used. The handle was in the "up" position and a cloth canopy was in place. This seat will properly lock when the bucket half is attached to the base with the handle up, but it is recommended that the handle be in the down position when driving. It appears that the webbing was not properly doubled back. A 3-year-old female was seated in a Gerry Double Guard toddler seat in the right rear seat.

Vehicle 2, a 1985 Toyota Corolla SR-5 driven by a 35-year-old female, was traveling northbound on the off-ramp approaching the same intersection. This roadway is approximately 11 meters (36 feet) wide with a bituminous surface. The right front seat was occupied by a 36-year-old male. The right rear seat was occupied by a 10-year-old female.

**Crash:** As Vehicle 1 was approaching the intersection, Vehicle 2 pulled out in front of this vehicle. The driver of Vehicle 1 braked and steered to the left leaving 5 meters (16 feet) of locked wheel skids. The front of Vehicle 1 struck the left front tire area of Vehicle 2. Both airbags in Vehicle 1 deployed at this point. A CRASH run determined that Vehicle 1 sustained an 8.8 KPH (5.5 MPH) longitudinal velocity change and Vehicle 2 sustained a 10.6 KPH (6.6 MPH) lateral velocity change. Vehicle 1 continued generally forward while Vehicle 2 was rotated clockwise. There was a second, "sideslap" type impact between the right side of Vehicle 1 and the left side of Vehicle 2.

**Post Crash:** Vehicle 2 was rotated clockwise by the impact and there was a second impact. Both vehicles came to rest in the intersection facing generally northeast.



Police activities.

<u>Event</u>	<u>Event Time</u>
Accident	1756
Police dispatched	1801
Police arrived	1807

Rescue activities (Vehicle 1, right front occupant).

<u>Event</u>	<u>Event Time</u>
Accident	1756
Rescue dispatched	1758
Engine arrived	1802
Rescue arrived	1804
Rescue departed	1811
Arrive at hospital	1818
Admitted	1900
Time of Death	1450 (the following day)

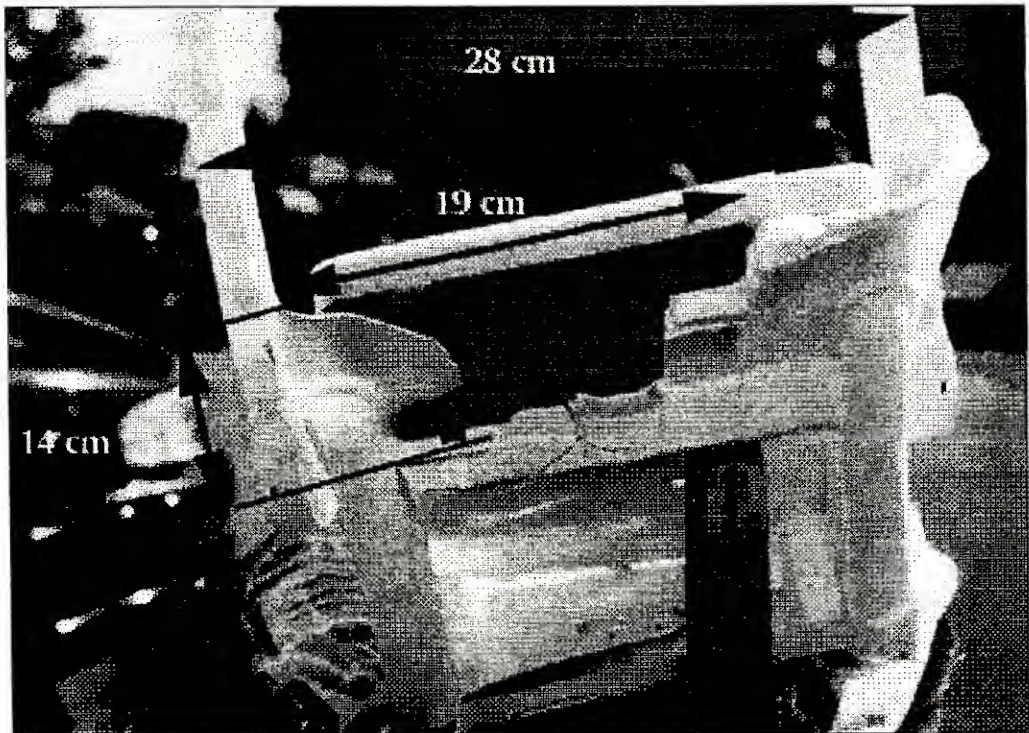
This occupant was treated initially at the scene and then transported by ground ambulance to a local trauma center. The trauma center is equipped for pediatric trauma care.

**Occupant  
Kinematics:**

**Driver, Vehicle 1** - The driver was seated in a bucket seat in a normal, upright seat position. At impact, it appears that the driver had her right foot on the brake pedal and her left on the floor. Both hands were on the steering wheel. She was properly restrained by the available three-point manual lap/shoulder restraints. During the on-site inspection, it appeared that the left front seat had been manually adjusted to a point just forward from the track midpoint. The adjustable seatback rest appeared to have been in a normal upright configuration.

At impact, the driver braced. As she was projected forward, her torso loaded the lap/shoulder restraints and her arms came into contact with the deploying airbag. The driver sustained abrasions from the airbag and contusions to the chest and abdomen from the restraints.

**RF Occupant, Vehicle 1** - This occupant was lying supine in a rearward facing child safety seat. The lap and shoulder belt was looped through the base but no locking clip was used. The handle was in the "up" position and a cloth canopy was in place. It appears that the webbing was not properly doubled back. Initially, it appears that the child safety seat began moving forward as the driver of Vehicle 1 braked. At impact, the passenger side airbag deployed. The airbag module cover, as well as the airbag itself, contacted the rear of the child seat loading the shell of the restraint until the plastic fractured and broke away. There was a 18.7 by 13.9 cm (7.4 by 5.5 inch) section of the plastic back broken away. There was a long diagonal crack running from right to left (if facing the front of the vehicle). There is a 17.8 cm (7.0 inch) longitudinal distance between the module cover in the closed position to the forward edge of the safety seat. The seat back was driven into the back of this occupant's head, causing left temporo-occipital and right occipital skull fractures; subdural and subarachnoid hemorrhages; and subgaleal hematomas.



**Figure 1.** Forward portion of child safety seat

- Airbag System:** Vehicle 1 was equipped with two airbags, one in the steering wheel hub and one on the right passenger side. There are two mechanical type airbag sensors located beneath the left and right fenders. There is a center sensor assembly mounted on the floor inside the console box. The center airbag sensor consists of a center airbag sensor, safing sensors, ignition control and drive circuit, and diagnosis circuit.
- Scene Clearance:** Both vehicles were towed from the scene due to damage and were placed in police storage.
- Safety Standards:** There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspections of Vehicles 1 and 2.

**DRIVER AND OTHER OCCUPANTS:****VEHICLE 1**

	<b>DRIVER</b>	<b>OCCUPANT 2</b>
<b>Age/Sex:</b>	26/Female	5 months/Female
<b>Seated Position:</b>	Left front	Right front
<b>Seat Type:</b>	Bucket	Bucket
<b>Height:</b>	160 cm (63 in.)	68 cm (27 in.)
<b>Weight:</b>	73 kg (160 lbs.)	9 kg (19.9 lbs.)
<b>Additional Measurements:</b>		
Crown Rump Length	NA	48.5 cm
Occipitofrontal Circumference	NA	46.5 cm
Chest Circumference at Nipples	NA	43 cm
Abdominal Circumference at Umbilicus	NA	43 cm
<b>Occupation:</b>	Unknown	Not employed
<b>Pre-existing Medical Condition:</b>	None	None
<b>Alcohol/Drug Involvement:</b>	None	None
<b>Driving Experience:</b>	Unknown	NA
<b>Body Posture:</b>	Normal, upright	Supine in rear facing child seat
<b>Hand Position:</b>	Unknown	NA
<b>Foot Position:</b>	Right foot on brake	NA
<b>Restraint Usage:</b>	Lap and shoulder belt used	Lap and shoulder used in conjunction with child safety seat. Locking clip not used.
<b>Additional Occupants:</b>	None	None

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

	<b>Occupant # 3</b>
<b>Age/Sex:</b>	3/Female
<b>Seated Position:</b>	Right rear
<b>Seat Type:</b>	Bench
<b>Height:</b>	97 cm (38 inches)
<b>Weight:</b>	14 kgs (31 lbs.)
<b>Occupation:</b>	NA
<b>Pre-existing Medical Condition:</b>	None
<b>Alcohol/Drug Involvement:</b>	None
<b>Driving Experience:</b>	NA
<b>Body Posture:</b>	Unknown
<b>Hand Position:</b>	NA
<b>Foot Position:</b>	NA
<b>Restraint Usage:</b>	NA
<b>Additional Occupants:</b>	None

**DRIVER AND OTHER OCCUPANTS (con't):****VEHICLE 2**

	<b>DRIVER</b>	<b>OCCUPANT 2</b>
<b>Age/Sex:</b>	35/Female	36/Male
<b>Seated Position:</b>	Left front	Right front
<b>Seat Type:</b>	Bucket with folding back	Bucket with folding back
<b>Height:</b>	152 cm (60 in.)	Unknown
<b>Weight:</b>	59 kg (130 lbs.)	Unknown
<b>Occupation:</b>	Unknown	Unknown
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Alcohol Involvement:</b>	None	NA
<b>Driving Experience:</b>	Unknown	NA
<b>Body Posture:</b>	Normal upright	Unknown
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Right foot on accelerator	Unknown
<b>Restraint Usage:</b>	Lap and shoulder belt used	Lap and shoulder belt used
<b>Additional Occupants:</b>	Yes	NA

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 2**

**Occupant # 3**

<b>Age/Sex:</b>	10/Female
<b>Seated Position:</b>	Right rear
<b>Seat Type:</b>	Bench
<b>Height:</b>	Unknown
<b>Weight:</b>	Unknown
<b>Occupation:</b>	NA
<b>Pre-existing Medical Condition:</b>	None
<b>Alcohol/Drug Involvement:</b>	None
<b>Driving Experience:</b>	NA
<b>Body Posture:</b>	Unknown
<b>Hand Position:</b>	NA
<b>Foot Position:</b>	NA
<b>Restraint Usage:</b>	Unknown
<b>Additional Occupants:</b>	None

**INJURIES:****Vehicle 1**

	<b><u>INJURY</u></b>	<b><u>OIC CODE</u></b>	<b><u>ICD-9</u></b>	<b><u>SOURCE</u></b>
<b>DRIVER:</b>	Abrasion, left arm	790202.1,2	913.0	Airbag
	Abrasion, right arm	790202.1,1	913.0	Airbag
	Contusions, chest	490402.1,9	922.1	Seatbelt webbing
	Contusions, abdomen	490402.1,9	922.8	Seatbelt webbing
<b>R/F OCCUPANT:</b>	Left temporo-occipital skull fracture	150200.3,8	801.2	Child seat back
	Right occipital skull fracture	150200.3,8	801.2	Child seat back
	Subarachnoid hemorrhage	140466.3,6	772.2	Child seat back
	Subdural hemorrhage	140654.5,3	767.0	Child seat back
	Subgaleal hematoma, right temporo-occipital area	190402.1,1	920.0	Child seat back
	Subgaleal hematoma, left temporo-occipital area	190402.1,2	920.0	Child seat back



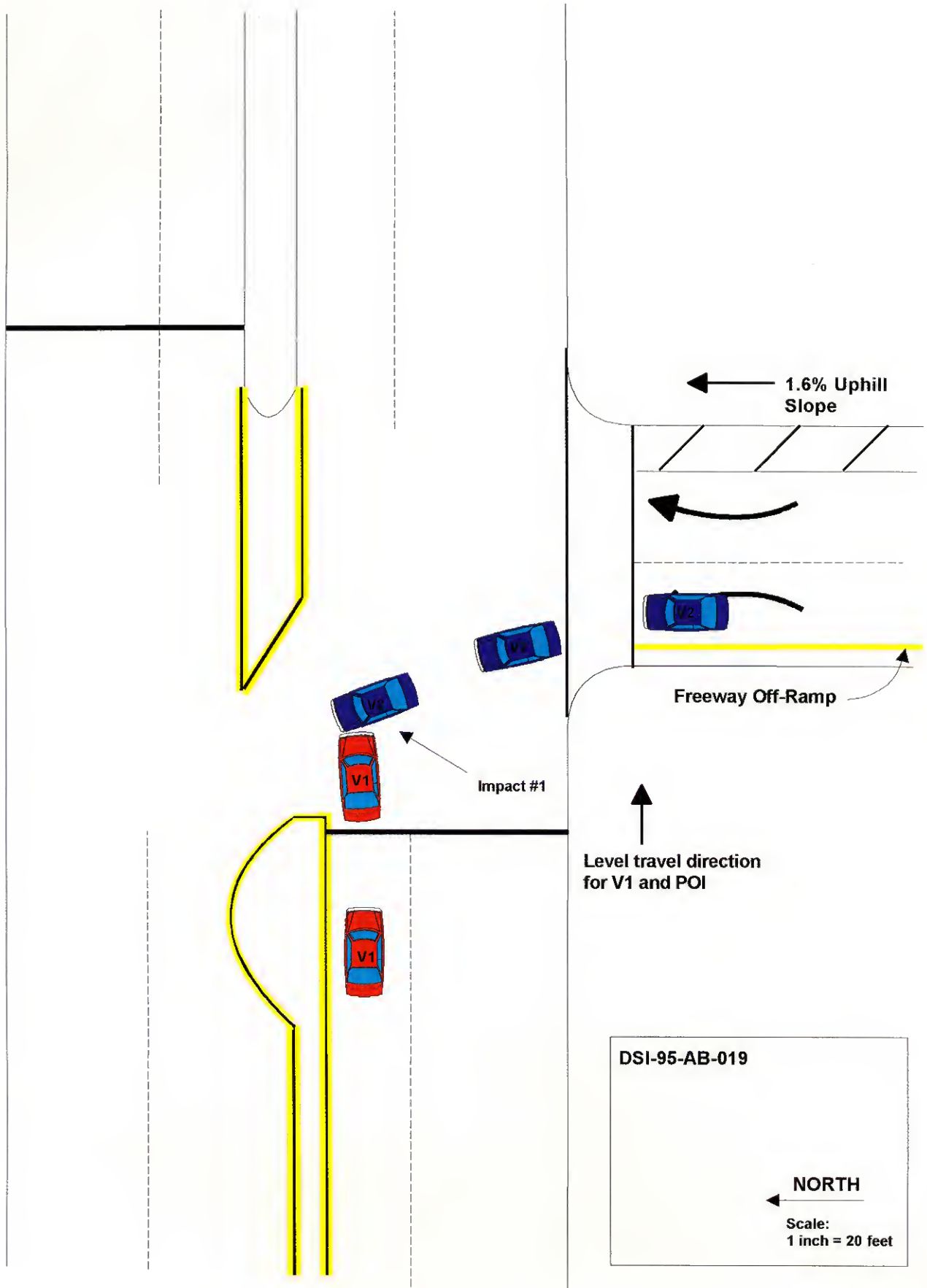
**INJURIES:**

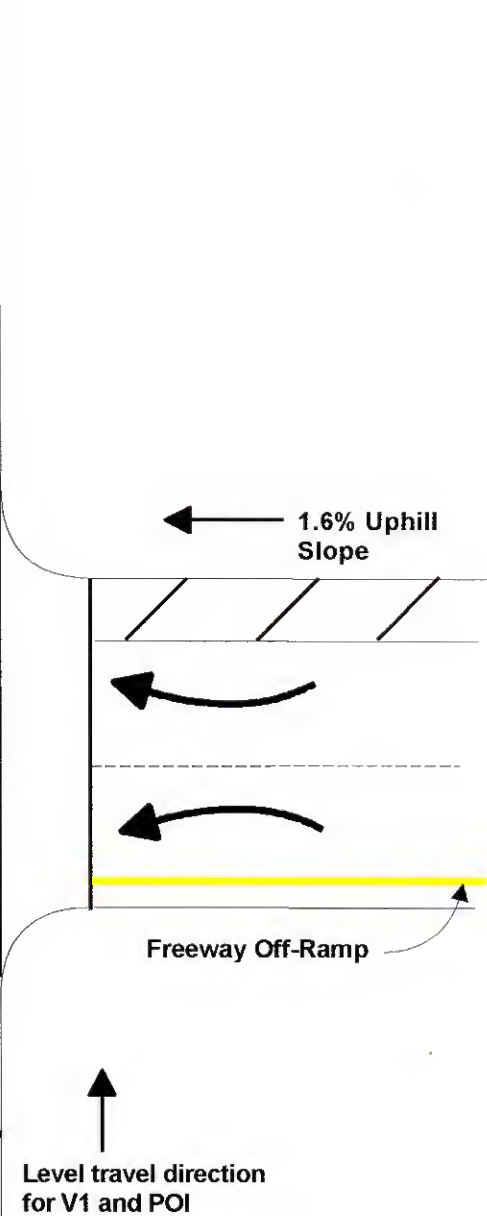
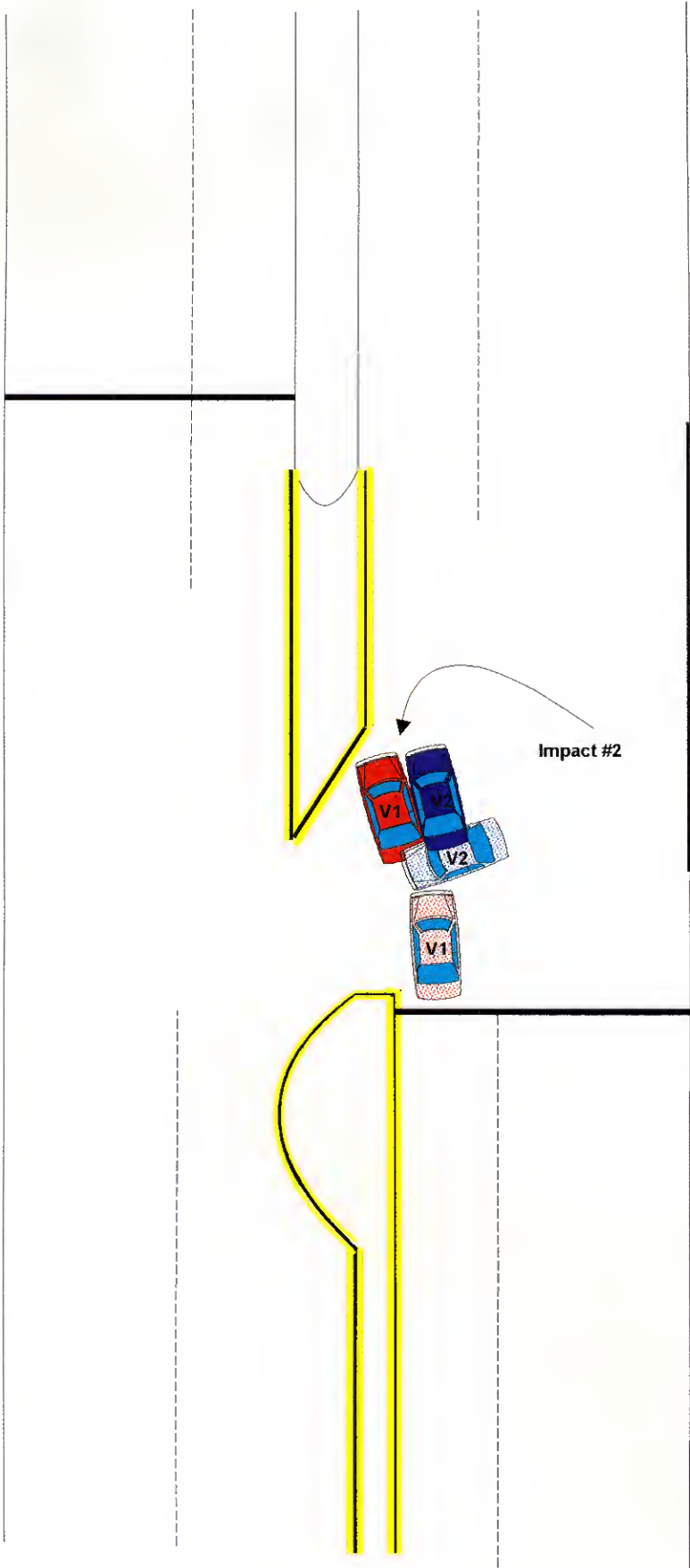
**Vehicle 2**

	<b><u>INJURY</u></b>	<b><u>OIC CODE</u></b>	<b><u>ICD-9</u></b>	<b><u>SOURCE</u></b>
<b>DRIVER:</b>	No recorded injuries			

## **Abbreviations Used In Scene And Photographic Documentation**

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
V1	Vehicle Number 1
W, WB	West, Westbound





DSI-95-AB-019

NORTH  
←

Scale:  
1 inch = 20 feet

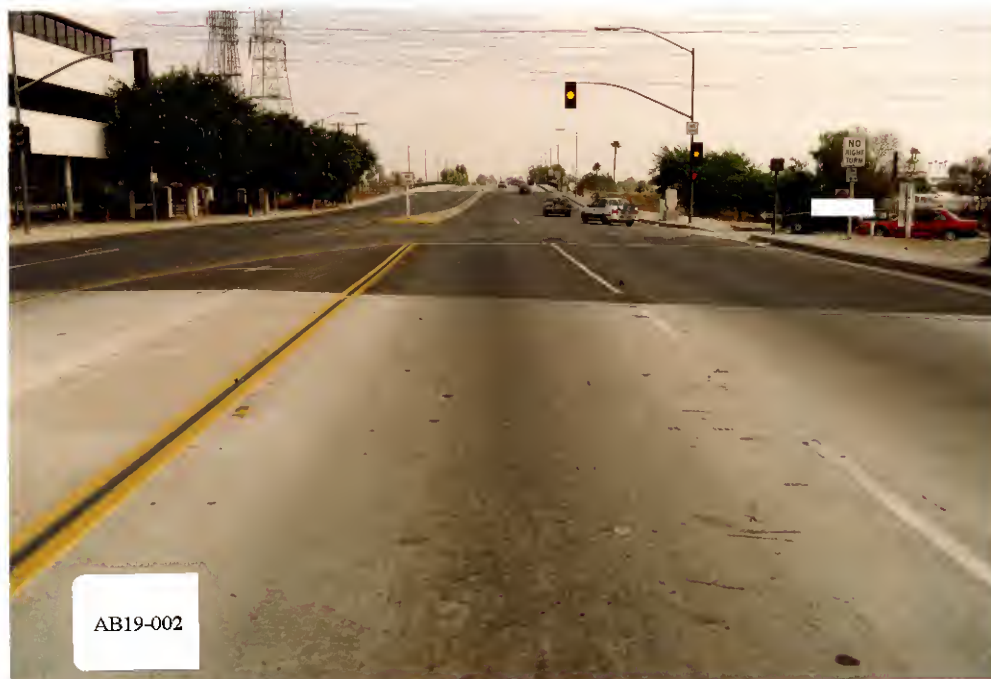
## PHOTO INDEX

Case No. DSI-95-AB-19

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-2	1	East	Path of vehicle to area of impact.
3	1	East	Area of impact
4	1	West	Looking back view along vehicle path.
5-7	2	North	Path of vehicle to area of impact.
8	2	North	Area of impact.
9-10	2	South	Looking back views along vehicle path.
11-24	1	CCW	Exterior of vehicle.
25-28	1	NA	Driver's side of vehicle.
29	1	NA	Looking in view showing module cover.
30-32	1	NA	Visors, left and right.
33-34	1	NA	Deployed driver's side airbag.
35-38	1	NA	Close-up views of passenger side airbag module cover.
39-48	1	NA	Views of child safety seat in place and its interaction with the deployed airbag.
49-50	1	NA	Views of marks left on airbag.
51-56	1	NA	Miscellaneous views showing the child safety seat installation and seat positioning.
57	1	NA	Close-up of mirror knocked off by the deploying airbag.
58-60	1	NA	Rear seat, including views of booster seat.



AB19-001



AB19-002

AB19-003

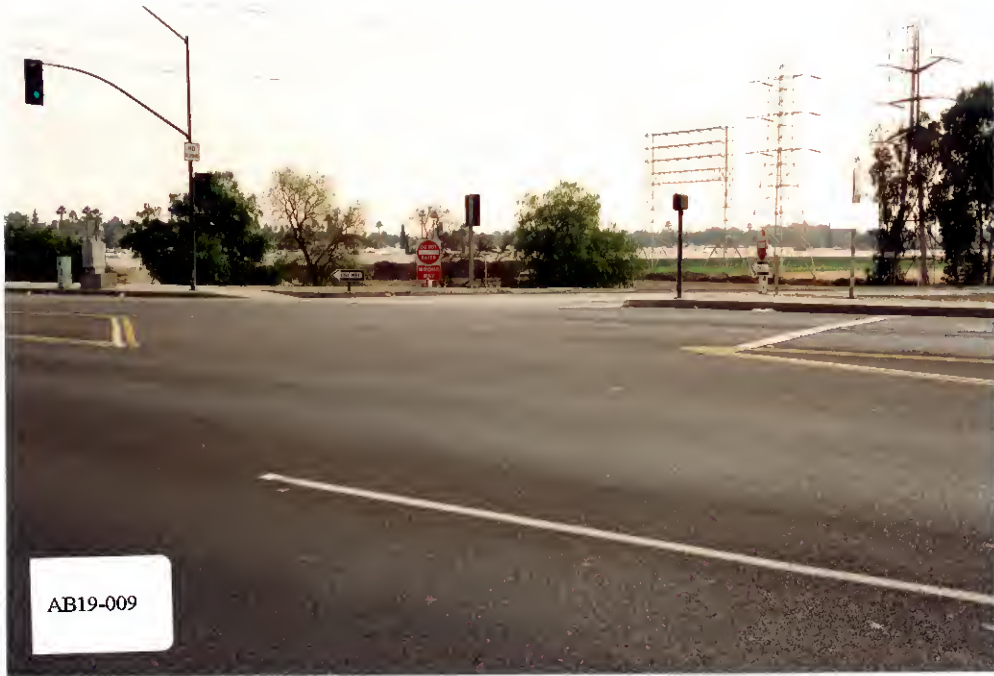










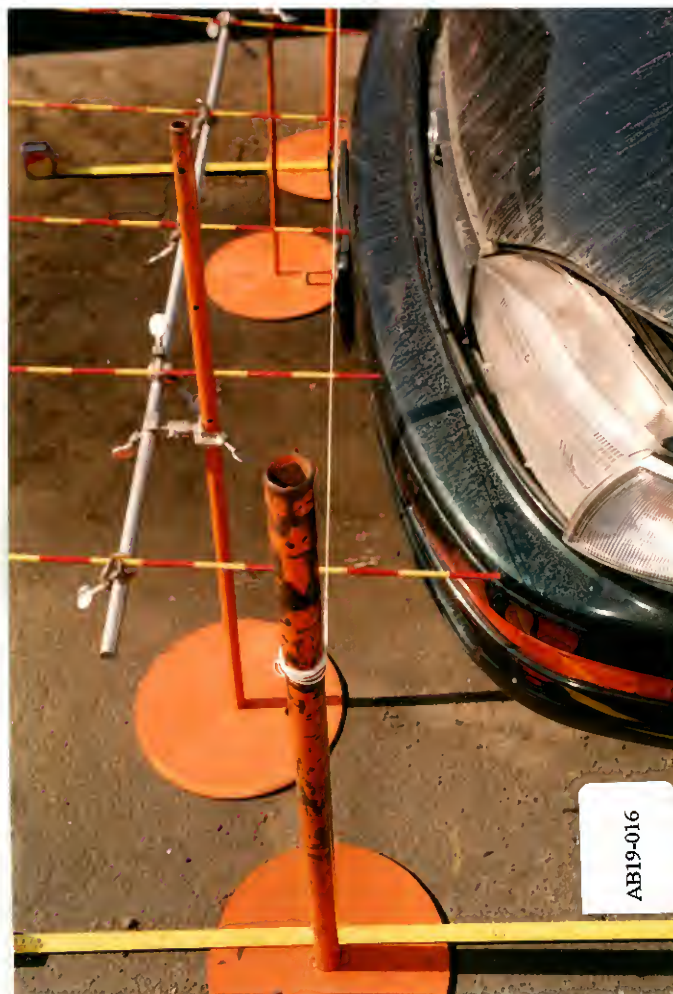








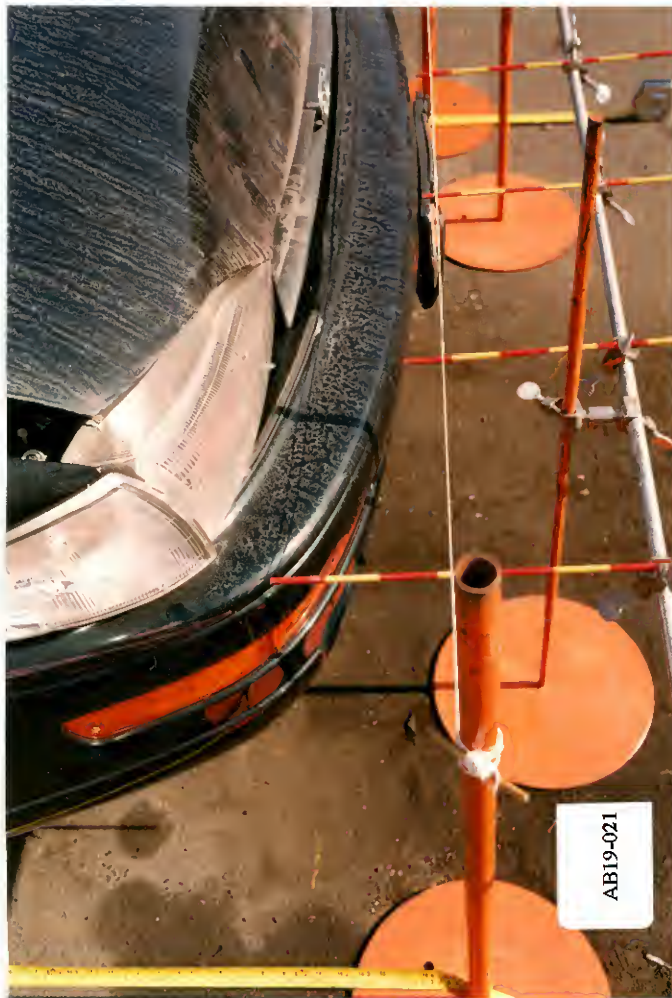










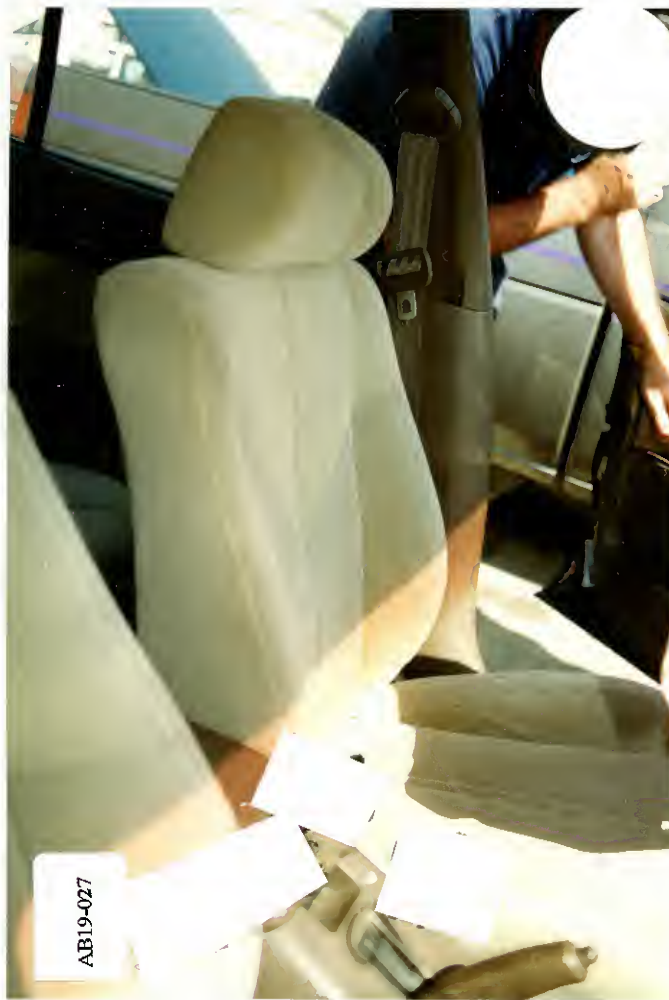














AB19-031

AB19-032

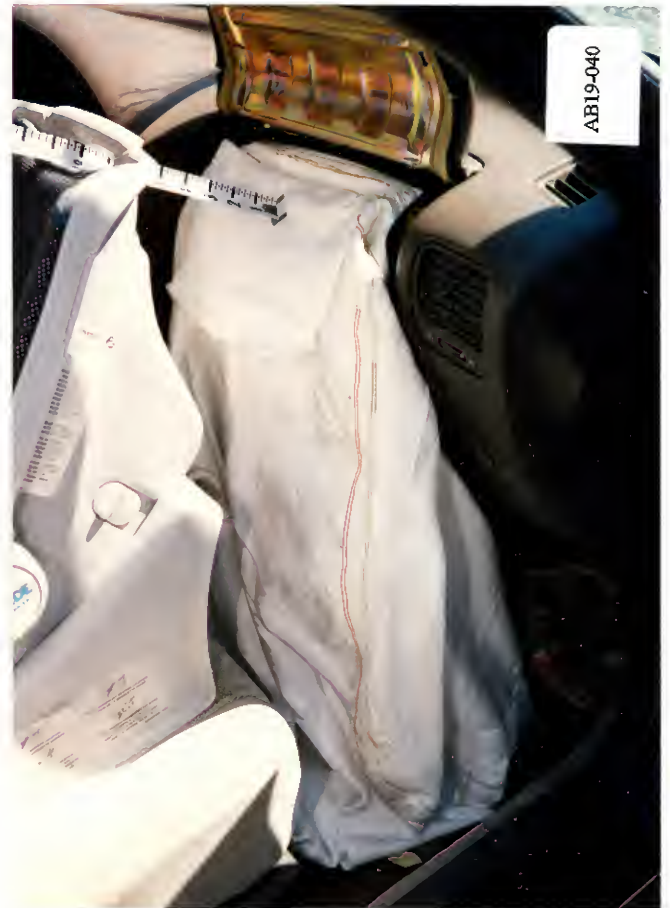




















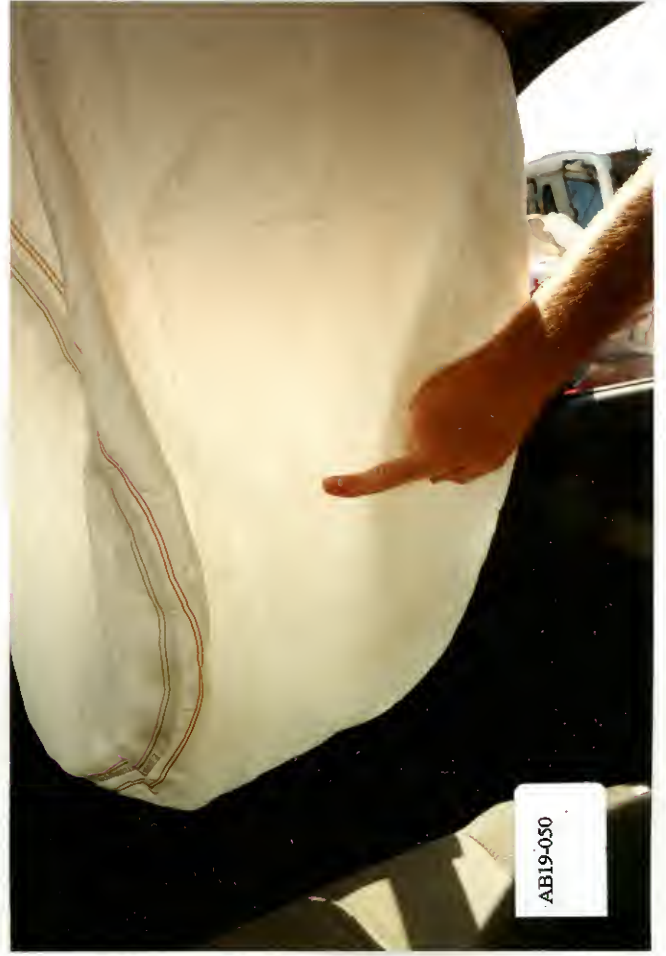


AB19-047



AB19-048





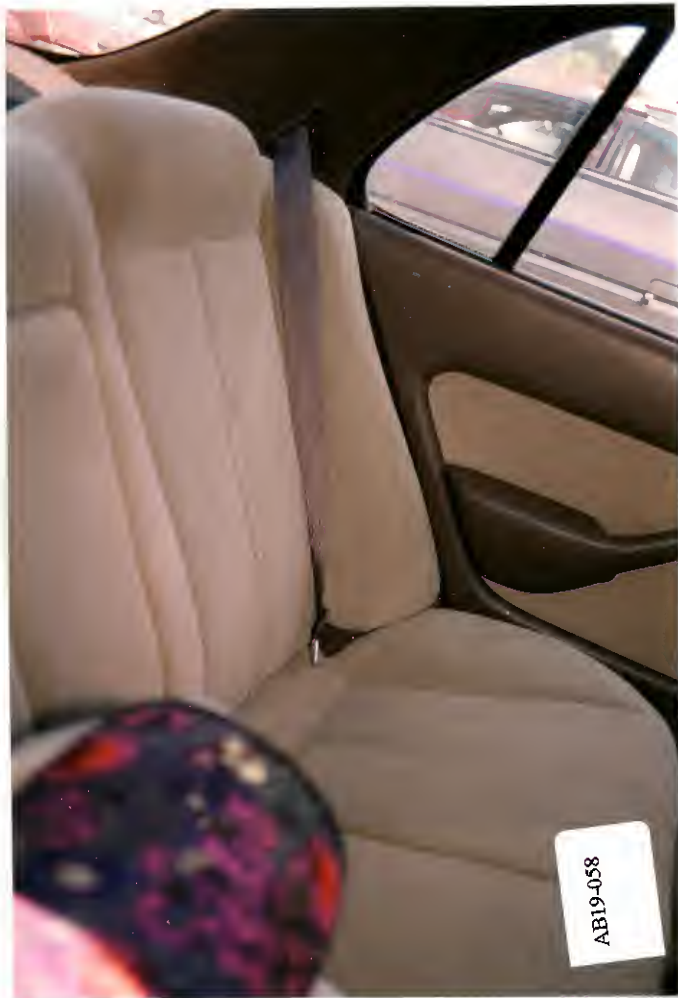








































































## ACCIDENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum AB 19

## IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 024. Date of Accident  
(Month, Day, Year) FALL5. Time of Accident LATE AFTERNOON

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use 07. 0 SS16 Pedestrian Crash Data Study 0  
(Data for this special study available  
in a separate file.)8. 0 SS17 Impact Fires 09. 0 SS18 Unsafe Driver Actions 010. 0 SS19 \_\_\_\_\_

## NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 02Code the number of events which occurred  
in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>L</u>
19. <u>02</u>	20. <u>01</u>	21. <u>02</u>	22. <u>R</u>	23. <u>02</u>	24. <u>01</u>	25. <u>L</u>
26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>(00) Not a motor vehicle</li> <li>(01) Subcompact/mini (wheelbase &lt; 254 cm)</li> <li>(02) Compact (wheelbase ≥ 254 but &lt; 265 cm)</li> <li>(03) Intermediate (wheelbase ≥ 265 but &lt; 278 cm)</li> <li>(04) Full size (wheelbase ≥ 278 but &lt; 291 cm)</li> <li>(05) Largest (wheelbase ≥ 291 cm)</li> <li>(09) Unknown passenger car size</li> <li>(14) Compact utility vehicle</li> <li>(15) Large utility vehicle (≤ 4,500 kgs GVWR)</li> <li>(16) Utility station wagon (≤ 4,500 kgs GVWR)</li> <li>(19) Unknown utility type</li> <li>(20) Minivan (≤ 4,500 kgs GVWR)</li> <li>(21) Large van (≤ 4,500 kgs GVWR)</li> <li>(24) Van Based school bus (≤ 4,500 kgs GVWR)</li> <li>(28) Other van type (≤ 4,500 kgs GVWR)</li> <li>(29) Unknown van type (≤ 4,500 kgs GVWR)</li> <li>(30) Compact pickup truck (≤ 4,500 kgs GVWR)</li> </ul> | <ul style="list-style-type: none"> <li>(31) Large pickup truck (≤ 4,500 kgs GVWR)</li> <li>(38) Other pickup truck (≤ 4,500 kgs GVWR)</li> <li>(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)</li> <li>(45) Other light truck (≤ 4,500 kgs GVWR)</li> <li>(48) Unknown light truck type (≤ 4,500 kgs GVWR)</li> <li>(49) Unknown light vehicle type</li> <li>(50) School bus (excludes van based)(&gt; 4,500 kgs GVWR)</li> <li>(58) Other bus (&gt; 4,500 kgs GVWR)</li> <li>(59) Unknown bus type</li> <li>(60) Truck (&gt; 4,500 kgs GVWR)</li> <li>(67) Tractor without trailer</li> <li>(68) Tractor-trailer(s)</li> <li>(78) Unknown medium/heavy truck type</li> <li>(79) Unknown light/medium/heavy truck type</li> <li>(80) Motored cycle</li> <li>(90) Other vehicle</li> <li>(99) Unknown</li> </ul> |
|--|--|

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |  |  |   |   |
|--|--|---|---|
| <b>CDS APPLICABLE<br/>AND OTHER<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(0) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> </ul> | <ul style="list-style-type: none"> <li>(R) Right side</li> <li>(L) Left side</li> <li>(B) Back</li> </ul> | <ul style="list-style-type: none"> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|
- 
- |  |  |   |   |
|--|--|---|---|
| <b>TDC<br/>APPLICABLE<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(0) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> <li>(R) Right side</li> </ul> | <ul style="list-style-type: none"> <li>(L) Left side</li> <li>(B) Back of unit with cargo area<br/>(rear of trailer or straight truck)</li> <li>(D) Back (rear of tractor)</li> </ul> | <ul style="list-style-type: none"> <li>(C) Rear of cab</li> <li>(V) Front of cargo area</li> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |   |  |
|---|--|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> <li>(31) Overturn — rollover (excludes end-over-end)</li> <li>(32) Rollover — end-over-end</li> <li>(33) Fire or explosion</li> <li>(34) Jackknife</li> <li>(35) Other intraunit damage (specify): _____</li> <li>(36) Noncollision injury</li> <li>(38) Other noncollision (specify): _____</li> <li>(39) Noncollision — details unknown</li> </ul> <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> <li>(41) Tree (≤ 10 cm in diameter)</li> <li>(42) Tree (&gt; 10 cm in diameter)</li> <li>(43) Shrubbery or bush</li> <li>(44) Embankment</li> <li>(45) Breakaway pole or post (any diameter)</li> </ul> <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> <li>(50) Pole or post (≤ 10 cm in diameter)</li> <li>(51) Pole or post (&gt; 10 cm but ≤ 30 cm in diameter)</li> <li>(52) Pole or post (&gt; 30 cm in diameter)</li> <li>(53) Pole or post (diameter unknown)</li> <li>(54) Concrete traffic barrier</li> <li>(55) Impact attenuator</li> <li>(56) Other traffic barrier (includes guardrail)<br/>(specify): _____</li> </ul> | <ul style="list-style-type: none"> <li>(57) Fence</li> <li>(58) Wall</li> <li>(59) Building</li> <li>(60) Ditch or culvert</li> <li>(61) Ground</li> <li>(62) Fire hydrant</li> <li>(63) Curb</li> <li>(64) Bridge</li> <li>(68) Other fixed object (specify): _____</li> <li>(69) Unknown fixed object</li> </ul> <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> <li>(70) Passenger car, light truck, van, or other vehicle not in-transport</li> <li>(71) Medium/heavy truck or bus not in-transport</li> <li>(72) Pedestrian</li> <li>(73) Cyclist or cycle</li> <li>(74) Other nonmotorist or conveyance</li> <li>(75) Vehicle occupant</li> <li>(76) Animal</li> <li>(77) Train</li> <li>(78) Trailer, disconnected in transport</li> <li>(79) Object fell from vehicle in-transport</li> <li>(88) Other nonfixed object (specify): _____</li> <li>(89) Unknown nonfixed object</li> <li>(98) Other event (specify): _____</li> <li>(99) Unknown event or object</li> </ul> |
|---|--|



## GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 1 9

3. Vehicle Number

01

## VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year  
(99) Unknown94

5. Vehicle Make (specify):

TOYOTA49Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown

6. Vehicle Model (specify):

CAMRY LE040Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown

7. Body Type

Note: Applicable codes may be found on  
the back of this page.04

8. Vehicle Identification Number

J T Z S K 1 2 E 9 R 0 x x x x x x  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

0

## OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

1

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means  
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

999 mph X 1.6093 = 999 kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit  
in kmph

(999) Unknown

05635 mph X 1.6093 = 056 kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

0

14. Alcohol Test Result For Driver

Code actual value (decimal implied  
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

96

Source: \_\_\_\_\_

15. Police Reported Other Drug Presence For  
Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

0

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not  
obtained

(8) No driver present

(9) Unknown if specimen test given

0

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

2

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type



**PRECRASH ENVIRONMENTAL DATA****19. Relation To Interchange Or Junction** 2

- (0) Non-interchange area and non-junction  
 (1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
 (3) Driveway, alley access related  
 (4) Other junction (specify) \_\_\_\_\_

(5) Unknown type of junction \_\_\_\_\_

(9) Unknown

**20. Trafficway Flow** 1

- (0) Not physically divided (two way traffic)  
 (1) Divided trafficway-median strip without positive barrier  
 (2) Divided trafficway-median strip with positive barrier  
 (3) One way traffic  
 (9) Unknown

**21. Number Of Travel Lanes** 2

- (1) One  
 (2) Two  
 (3) Three  
 (4) Four  
 (5) Five  
 (6) Six  
 (7) Seven or more  
 (9) Unknown

**22. Roadway Alignment** 1

- (1) Straight  
 (2) Curve right  
 (3) Curve left  
 (9) Unknown

**23. Roadway Profile** 1

- (1) Level  
 (2) Uphill grade (>2%)  
 (3) Hill crest  
 (4) Downhill grade (>2%)  
 (5) Sag  
 (9) Unknown

**24. Roadway Surface Type** 2

- (1) Concrete  
 (2) Bituminous (asphalt)  
 (3) Brick or block  
 (4) Slag, gravel, or stone  
 (5) Dirt  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**25. Roadway Surface Condition** 1

- (1) Dry  
 (2) Wet  
 (3) Snow or slush  
 (4) Ice  
 (5) Sand, dirt, or oil  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**26. Light Conditions** 1

- (1) Daylight  
 (2) Dark  
 (3) Dark, but lighted  
 (4) Dawn  
 (5) Dusk  
 (9) Unknown

**27. Atmospheric Conditions** φ

- (0) No adverse atmospheric-related driving conditions  
 (1) Rain  
 (2) Sleet/hail  
 (3) Snow  
 (4) Fog  
 (5) Rain and fog  
 (6) Sleet and fog  
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
 (9) Unknown

**28. Traffic Control Device** 1

- (0) No traffic control(s)  
 (1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
 (3) Yield sign  
 (4) School zone sign  
 (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
 (7) Unknown sign  
 (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

**29. Traffic Control Device Functioning** 2

- (0) No traffic control device  
 (1) Traffic control device not functioning (specify) \_\_\_\_\_  
 (2) Traffic control device functioning properly  
 (9) Unknown

**PRECRASH DRIVER RELATED DATA**

30. Driver's Distraction/Inattention To Driving 9 7  
(Prior To Recognition Of Critical Event)
- (00) No driver present
  - (01) Attentive or not distracted
  - (02) Looked but did not see
  - (03) By other occupant(s), (specify): \_\_\_\_\_
  - (04) By moving object in vehicle (specify): \_\_\_\_\_
  - (05) While talking or listening to cellular phone (specify location and type of phone): \_\_\_\_\_
  - (06) While dialing cellular phone (specify location and type of phone): \_\_\_\_\_
  - (07) While adjusting climate controls
  - (08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_
  - (09) While using other device/object in vehicle (specify): \_\_\_\_\_
  - (10) Sleepy or fell asleep
  - (11) Distracted by outside person, object, or event (specify): \_\_\_\_\_
  - (12) Eating or drinking
  - (13) Smoking related
  - (97) Distracted/inattentive, details unknown
  - (98) Other, distraction (specify): \_\_\_\_\_
  - (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) φ 1
- (00) No driver present
  - (01) Going straight
  - (02) Decelerating in traffic lane
  - (03) Accelerating in traffic lane
  - (04) Starting in traffic lane
  - (05) Stopped in traffic lane
  - (06) Passing or overtaking another vehicle
  - (07) Disabled or parked in travel lane
  - (08) Leaving a parking position
  - (09) Entering a parking position
  - (10) Turning right
  - (11) Turning left
  - (12) Making a U-turn
  - (13) Backing up (other than for parking position)
  - (14) Negotiating a curve
  - (15) Changing lanes
  - (16) Merging
  - (17) Successful avoidance maneuver to a previous critical event
  - (97) Other (specify): \_\_\_\_\_
  - (99) Unknown
32. Critical Precrash Event \_\_\_\_\_  
*This Vehicle Loss of Control Due To:*
- (01) Blow out or flat tire
  - (02) Stalled engine
  - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
  - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
  - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
  - (06) Traveling too fast for conditions
  - (08) Other cause of control loss (specify): \_\_\_\_\_
  - (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian, Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

## 33. Attempted Avoidance Maneuver

03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

## 34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

## 35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

## 36. Accident Type

83

(Note: Applicable codes on back of this page)

- (00) No impact  
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

**STOP HERE IF GV07 DOES NOT EQUAL 01 - 49**

## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 0 2  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 0 2

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1 3 3 0  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = 1 3 3 0 kgs  
 Source: \_\_\_\_\_

44. Vehicle Cargo Weight 9 9 9 0  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

## ROLLOVER DATA

45. Rollover 0 0  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify):  
 (98) Rollover—end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 0 0  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify:  
 (98) Rollover—end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover—end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 0 0  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 (6) Non-contact rollover forces (specify):  
 (8) Rollover—end-over-end  
 (9) Unknown
50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover—end-over-end  
 (9) Unknown roll direction



## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

## OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) φ
52. Rear Override/Underride (this Vehicle) φ
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*
- (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):  
 \_\_\_\_\_
- Underride (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*
- (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):  
 \_\_\_\_\_
- (7) Medium/heavy truck or bus override (of any configuration)  
 (9) Unknown

## HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

53. Heading Angle For This Vehicle φ 85
54. Heading Angle For Other Vehicle 3 4 5

## RECONSTRUCTION DATA

55. Towed Trailing Unit φ
- (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle φ
- (0) No  
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) φ
- (0) Not collision (for highest delta V) with tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted <45 degrees  
 (4) Tilted ≥45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify):  
 \_\_\_\_\_
- (9) Unknown

## ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) φ 1

(00) No vehicle inspection

*Delta V Calculated*

- (01) Reconstruction program  
 -damage only routine  
 (02) Reconstruction program  
 -damage and trajectory routine  
 (03) Missing vehicle algorithm

*Delta V Not Calculated*

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

*All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*

- (05) Rollover  
 (06) Other non-horizontal forces  
 (07) Sideswipe type damage  
 (08) Severe override  
 (09) Yielding object  
 (10) Overlapping damage  
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

(98) Other, (specify):  
 \_\_\_\_\_

## COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

0 0 98.8 Nearest kmph (highest)

\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of  
Delta V+ 0 0 9 Highest-8.8 Nearest kmph (highest)

\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_\_000 means greater than  
-0.5 kmph and less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

61. Lateral Component of Delta V

+ 0 0 1 Highest1.8 Nearest kmph (highest)

\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_\_000 means greater than -0.5 kmph and  
less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

62. Energy Absorption

0 1 2 4 0 011967.1 Nearest 100 joules (highest)

\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

9 9 8

\_\_\_\_ Nearest kmph (highest)

\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means  
less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

## DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program  
Results (For Highest Delta V)3

(0) No reconstruction

(1) Collision fits model — results appear  
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear  
reasonable

## OTHER SPEED ESTIMATE

65. Barrier Equivalent  
Speed

Highest

0 1 414.2 Nearest kmph (highest)

\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means  
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

## ESTIMATED DELTA V

## VEHICLE INSPECTION

66. Estimated Highest Delta V (Researcher Determined)

Φ

(0) Reconstruction Delta V coded

*Estimated Delta V*

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

*Other estimates of damage severity*

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify):  
\_\_\_\_\_
- (3) Complete inspection

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), \*\*\*

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.





## EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number 412. Case Number - Stratum AB 19

## VEHICLE IDENTIFICATION

VIN J T 2 S K 1 2 E 9 R 4 x x x x x Model Year 94Vehicle Make (specify): TOYOTAVehicle Model (specify): CAMRY LE 4 DR

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	LEFT FRONT BUMPER CORNER		C6
2	97 CM REAR OF FRONT AXLE		

## CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).  
*C's 20.3 APART*

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
	(METRIC)										
1	BUMPER	141	16.5	141.7	14.4	5	2.5	2.6	5.2	16.5	φ
	-FREESPACE		-14.5		-14.5	-5	-2.5	-2.5	-5	-14.5	
			2.φ		φ	φ	φ	.1	.2	2.φ	
	(U.S.)										
1	BUMPER	55.5	.8	55.7	φ	φ	φ	.03	.08	.8	φ
	(METRIC)										
2	ABOVE SILL	153									
	(U.S.)										
2	ABOVE SILL	60.2									

## VEHICLE DAMAGE SKETCH

## TIRE—WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF	<u>2</u>	RF	<u>2</u>
LF	<u>2</u>	LF	<u>2</u>
RR	<u>2</u>	RR	<u>2</u>
LR	<u>2</u>	LR	<u>2</u>

(1) Yes (2) No (8) NA (9) Unk.

## TYPE OF TRANSMISSION

☐ Manual ☒ AutomaticEND SHIFT  $\geq$  10 CM☐ Yes ☒ No

## ORIGINAL SPECIFICATIONS

Wheelbase	<u>262</u>	cm
Overall Length	<u>477</u>	cm
Maximum Width	<u>177</u>	cm
Curb Weight	<u>1330</u>	kg
Average Track	<u>153</u>	cm
Front Overhang	<u>98</u>	cm
Rear Overhang	<u>118</u>	cm
Undeformed End Width		cm
Engine Size: cyl./displ.		L

WHEEL STEER ANGLES  
(For locked front wheels or displaced rear axles only)

RF	$\pm$	<u>—</u>	°
LF	$\pm$	<u>—</u>	°
RR	$\pm$	<u>—</u>	°
LR	$\pm$	<u>—</u>	°

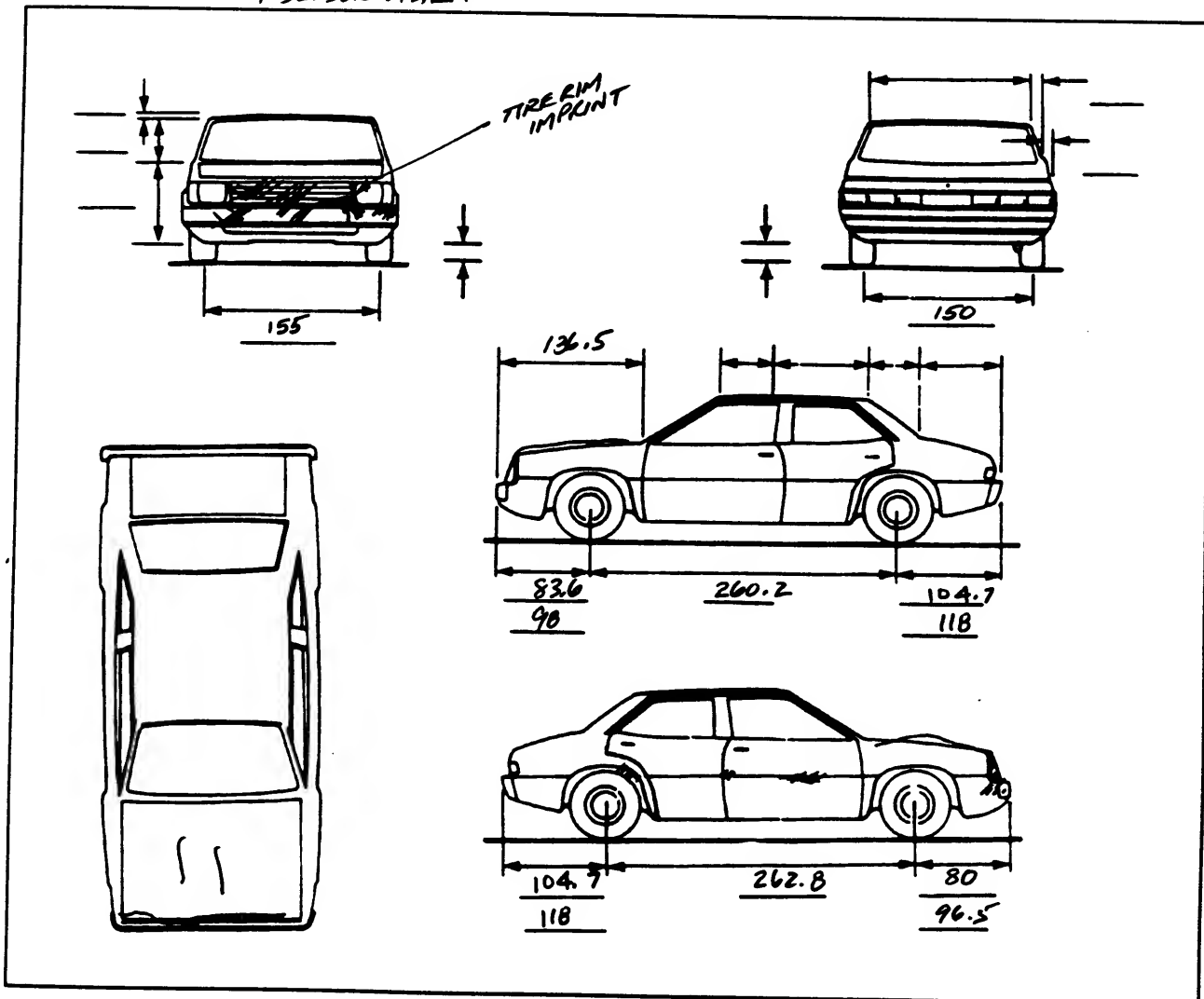
Within  $\pm$  5 degrees

## DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WDApproximate Cargo Weight NONE  
VISIBLE kg

## MEASUREMENTS IN CENTIMETERS

4 SENSOR SYSTEM



NOTES. Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.) If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

**CODES FOR OBJECT CONTACTED**

**(57) Fence**

(58) Wall

- (58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify):

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (71) Medium/heavy truck or bus not in-transport  
(72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):**

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

## Second Highest Delta "V"

12. <u>02</u>	13. <u>02</u>	14. <u>03</u>	15. <u>R</u>	16. <u>P</u>	17. <u>E</u>	18. <u>W</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>142</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>002</u>	<u>+</u> <u>- 000</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
<u>     </u>	<u>     </u>	<u>     </u>	<u>     </u>	<u>     </u>	<u>     </u>	<u>     </u>	<u>+</u> <u>-</u>

26. Undeformed End Width 38 mm 147  
 (Coded when highest severity impact is an end plane impact.)  
      Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (998) No highest severity end plane impact  
 (999) Unknown

27. Direct Damage Width 147  
 (For highest severity impact)  
      Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (999) Unknown

28. Original Wheelbase 262  
      Code to the nearest centimeter  
 (650) 650 centimeters or more  
 (999) Unknown  
      inches X 2.54 =       centimeters

29. Original Average Track Width 153  
      Code to the nearest centimeter  
 (185) 185 centimeters or more  
 (999) Unknown  
      inches X 2.54 =       centimeters



30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

φ

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

φ

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

φ

\_\_\_\_\_  
(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

### FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

φ

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

φ

- (9) Unknown

### FUEL SYSTEM

35. Location of Fuel Tank-1 Filler Cap

2

36. Location of Fuel Tank-2 Filler Cap

φ

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle) on  
left side plane  
(3) Aft of center of the rear wheels (rear axle) on  
right side plane  
(4) Forward of center of the rear wheels (rear axle)  
on left side plane  
(5) Forward of center of the rear wheels (rear axle)  
on right side plane  
(6) Over the center of the rear wheels (rear axle)  
on left side plane  
(7) Over the center of the rear wheels (rear axle)  
on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

φ

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

4

40. Location of Fuel Tank-2

φ

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle) left  
side  
(3) Aft of center of the rear wheels (rear axle) right  
side  
(4) Forward of center of the rear wheels (rear axle)  
centered  
(5) Forward of center of the rear wheels (rear axle)  
left side  
(6) Forward of center of the rear wheels (rear axle)  
right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

φ

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown





## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 19

3. Vehicle Number

41

## INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch  
Opening in Collision. If IV05-IV09 ≠ 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,  
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

## GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 220. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 9 25. RF 2 26. LR 2 27. RR 228. BL 2 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 136. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact  
forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 144. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant

contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant  
contact

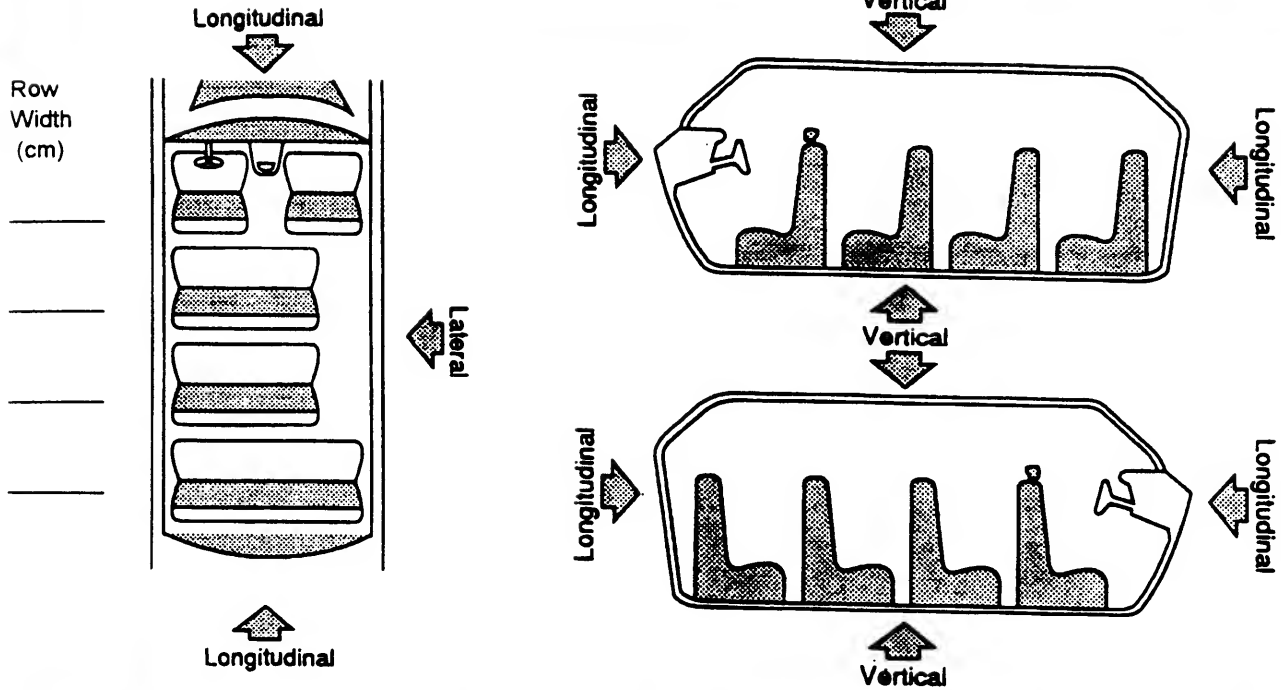
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	

Document no more than the 15 most severe intrusions



## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

## Front Seat

- (11) Left  
(12) Middle  
(13) Right

## Second Seat

- (21) Left  
(22) Middle  
(23) Right

## Third Seat

- (31) Left  
(32) Middle  
(33) Right

## Fourth Seat

- (41) Left  
(42) Middle  
(43) Right

- (97) Catastrophic  
(98) Other enclosed area (specify) \_\_\_\_\_

- (99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly  
(02) Instrument panel left  
(03) Instrument panel center  
(04) Instrument panel right  
(05) Toe pan  
(06) A (A1/A2)-pillar  
(07) B-pillar  
(08) C-pillar  
(09) D-pillar  
(10) Side panel - forward of the A1/A2-pillar  
(11) Door panel (side)  
(12) Side panel - rear of the B-pillar  
(13) Roof (or convertible top)  
(14) Roof side rail  
(15) Windshield  
(16) Windshield header  
(17) Window frame  
(18) Floor pan (includes sill)  
(19) Backlight header  
(20) Front seat back  
(21) Second seat back  
(22) Third seat back  
(23) Fourth seat back  
(24) Fifth seat back  
(25) Seat cushion  
(26) Back door/panel (e.g., tailgate)  
(27) Other interior component (specify): \_\_\_\_\_

## Exterior Components

- (30) Hood  
(31) Outside surface of this vehicle (specify): \_\_\_\_\_  
(32) Other exterior object in the environment (specify): \_\_\_\_\_  
(33) Unknown exterior object  
(97) Catastrophic  
(98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_  
(99) Unknown

## MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters  
(2) ≥ 8 centimeters but < 15 centimeters  
(3) ≥ 15 centimeters but < 30 centimeters  
(4) ≥ 30 centimeters but < 46 centimeters  
(5) ≥ 46 centimeters but < 61 centimeters  
(6) ≥ 61 centimeters  
(7) Catastrophic  
(9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical  
(2) Longitudinal  
(3) Lateral  
(7) Catastrophic  
(9) Unknown

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=

—

=

—

=

## STEERING COLUMN

## INSTRUMENT PANEL

87. Steering Column Type

2

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

88. Tilt Steering Column Adjustment

3

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment

0

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation

0 0

Code actual measured

- deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

0 0

(00) No steering rim deformation

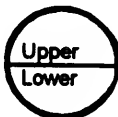
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

92. Odometer Reading

4 5 3,000

\_\_\_\_\_ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

32 425 miles X 1.6093 = 52 986 kilometersSource: VEH. INSPECTION

93. Instrument Panel Damage from Occupant Contact?

0

- (0) No  
 (1) Yes  
 (9) Unknown

94. Type of Knee Bolster Covering

2

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

1

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

1

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

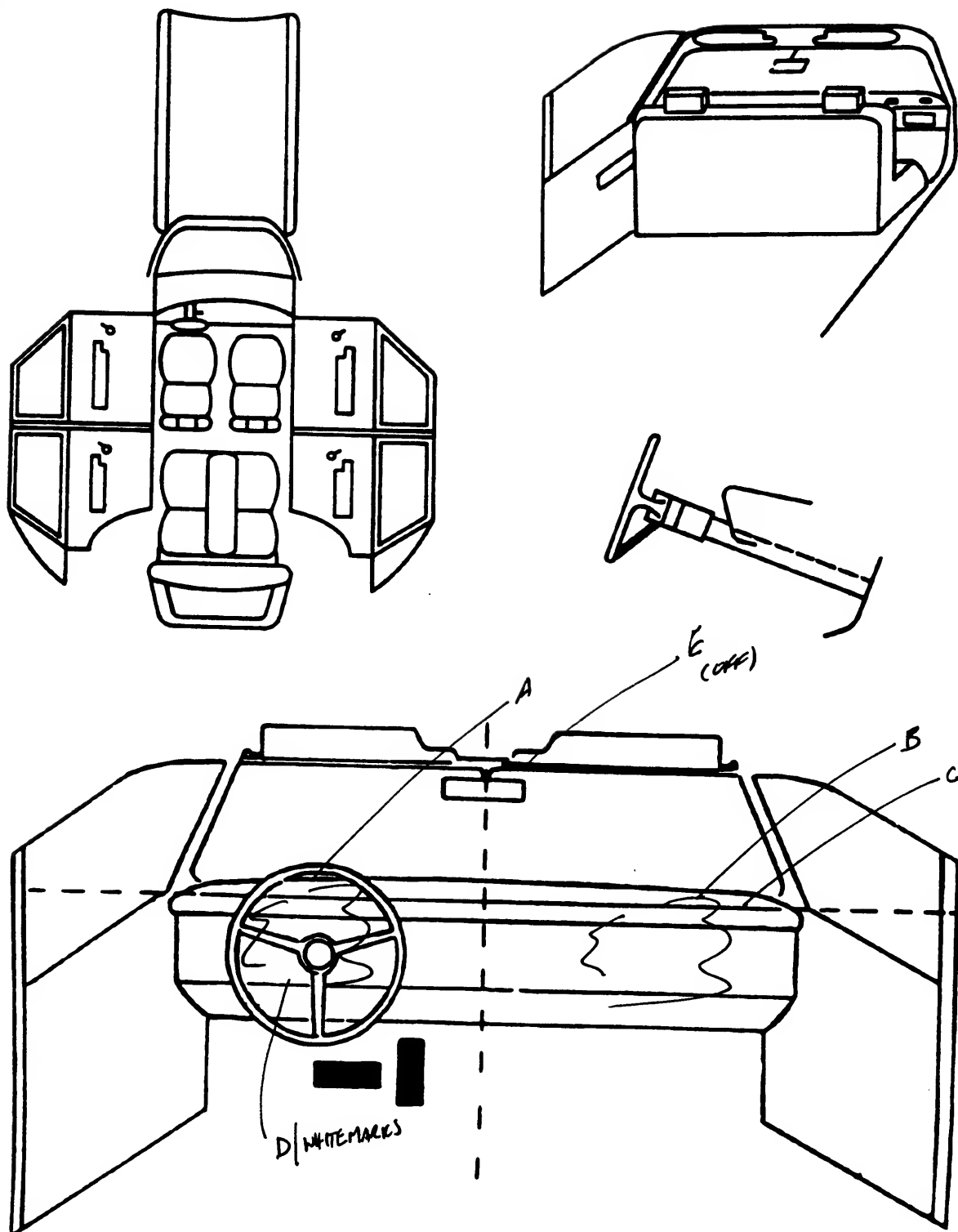
0

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify): \_\_\_\_\_  
☐ Additional or relocated switches (specify): \_\_\_\_\_  
☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.



## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	01	-	DEPLOYED	2
B	180	-	-	STRIATIONS ON BAG	2
C	185	-	-	LIGHT SCRATCHES TO EDGE	2
D	170	01	-	WHITE MARKS	3
E	002	-	-	KNOCKED OFF	3
F					
G					
H					
I					
J					
K					
L					
M					
N					

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify):  
 (195) Other air bag compartment cover (specify):

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	/	4
	Evidence of usage	04		(C) 12
	Used in this crash?	YES		YES
	Proper Use	9		7 (CLIP NOT USED)
	Failure Modes	1		1
	Anchorage Adjustment	2		(A) 3
SECOND	Availability	4	3	4
	Evidence of usage	04	00	(B) 12
	Used in this crash?	9	0	YES
	Proper Use	9	0	1
	Failure Modes	9	0	1
	Anchorage Adjustment	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

(A) 1 CLICK FROM FULL DOWN

(B) GERRY DOUBLE GUARD

MFG. DATE

(C) EVENFLOW JOYRIDE/  
TRAVEL TANDEM

MODEL #

## AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

## AIR BAGS

		Left Front	Right Front	Other
FIRST	Availability/Function	/	/	Ø
	Deployment	/	/	Ø
	Failure	/	/	Ø

<b>Air Bag System Availability/Function</b> (0) Not equipped/not available (1) Air bag  <i>Non-functional</i> (2) Air bag disconnected (specify): _____  (3) Air bag not reinstalled (9) Unknown	<b>Frontal Air Bag System Deployment (This Occupant Position)</b> (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, accident sequence undetermined (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	<b>Air Bag(s) Deployment, <u>Other</u> Than First Seat Frontal (This Occupant Position)</b> (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
--	--	---

<b>Are There Indications of Air Bag System Failure? (This Occupant Position)</b> (0) Not equipped/not available (1) No (2) Yes (specify): _____  (9) Unknown
---

## AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	Ø	Ø
	Use	Ø	Ø
	Type	Ø	Ø
	Proper Use	Ø	Ø
	Failure Modes	Ø	Ø

<b>Automatic (Passive) Belt System Availability/Function</b> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  <i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown	<b>Proper Use of Automatic (Passive) Belt System</b> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  <i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____  (8) Other improper use of automatic belt system (specify): _____ (9) Unknown	<b>Automatic (Passive) Belt Failure Modes During Accident</b> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____  (6) Broken retractor (7) Combination of above (specify): _____ (8) Other automatic belt failure (specify): _____ (9) Unknown
---	--	--

<b>Automatic (Passive) Belt System Use</b> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown	<b>Automatic (Passive) Belt System Type</b> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown
--	--

# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	1	1
Source of air bag damage	Φ1	Φ1
Air bag tethered?	YES (2)	NO
Air bag have vent ports?	YES (2)	YES (2)
Other occupant contact air bag?	-	NO
Occupant wearing eyewear?	?	NA

## Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (98) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

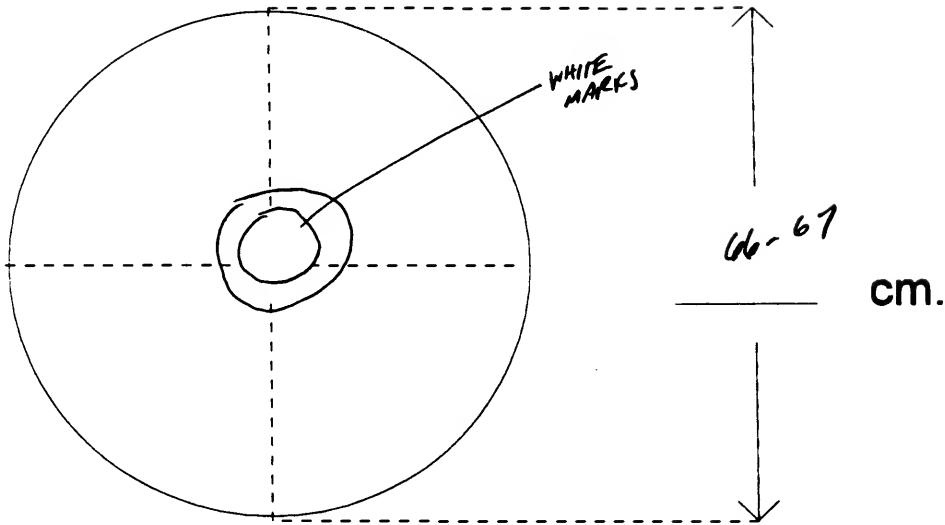
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was This Occupant Wearing Eye-wear?

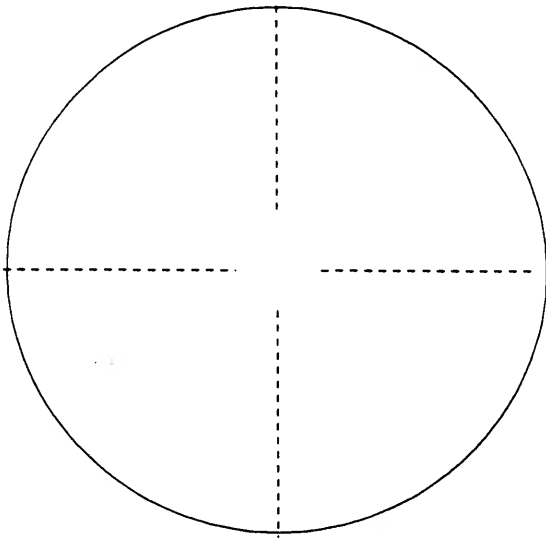
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)





### DRIVER AIR BAG SKETCHES (Cont'd)

#### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

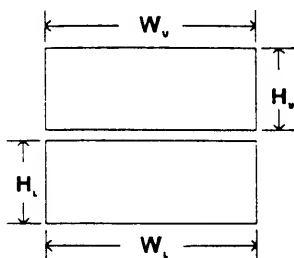
width ( $W_U$ ) 14.5

height ( $H_U$ ) 7

b. Lower Flap

width ( $W_L$ ) 14.5

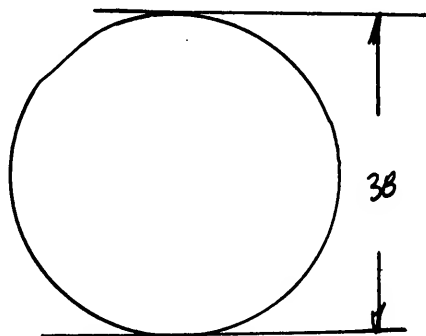
height ( $H_L$ ) 7



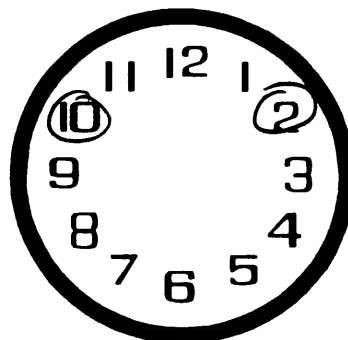
#### 4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

#### 5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

STEERING WHEEL

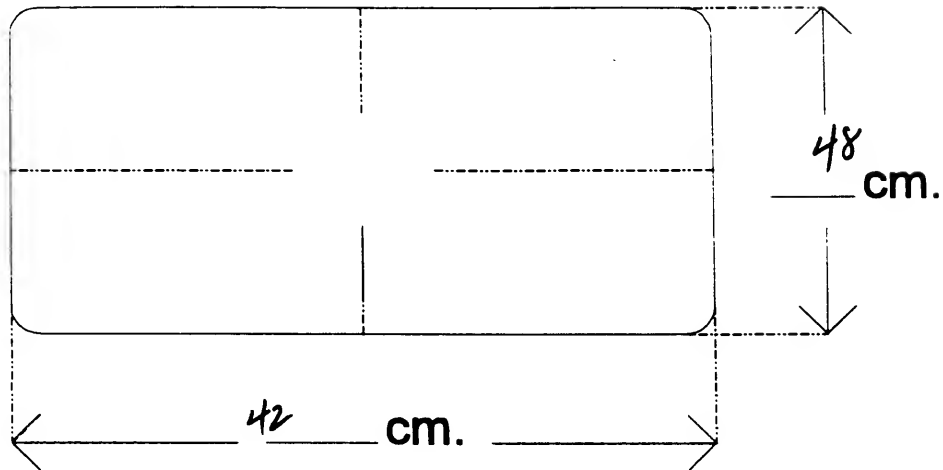


#### 6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

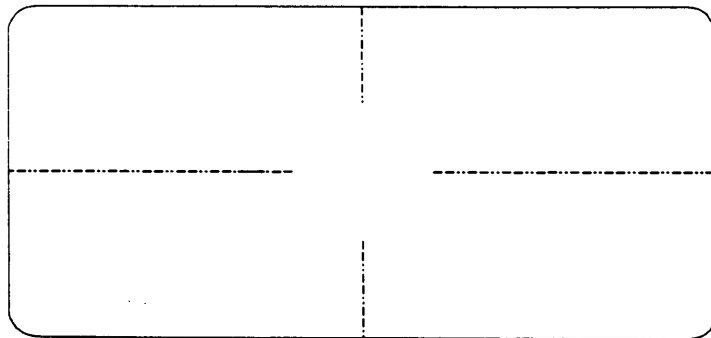


## PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

## 1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



## 2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



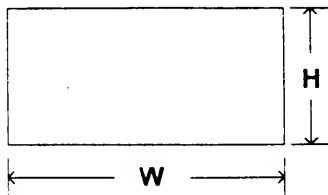
# PASSENGER AIR BAG SKETCHES (Cont'd)

## 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) 37

height (H) 13



## 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

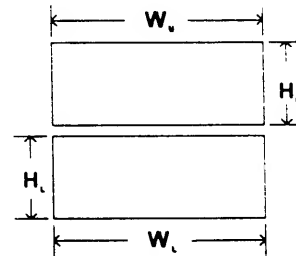
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

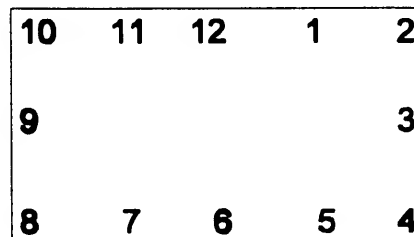
height ( $H_L$ ) \_\_\_\_\_



## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

## 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**



## HEAD RESTRAINTS/SEAT EVALUATION

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other  
Specify: \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

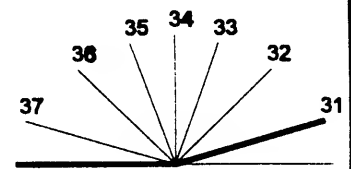
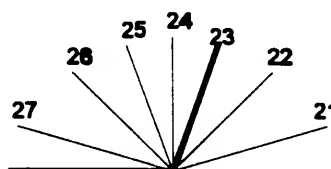
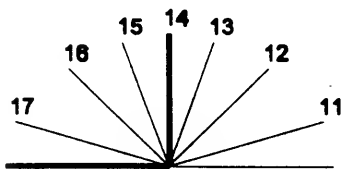
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable
- Upright prior to impact*
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position
- Slightly reclined prior to impact*
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

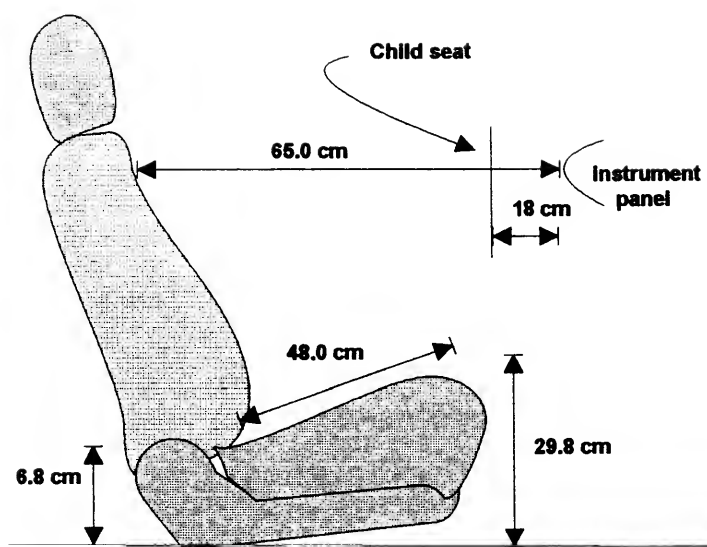
**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	41		41
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position 9 TOTAL	4 FROM FRONT (3)		4 FROM FRONT (3)
	Seat Back Incline Pre/Post Impact	14		14
SECOND	Head Restraint Type/Damage	4	4	4
	Seat Type	45	45	45
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	41	41	41
THIRD	Head Restraint Type/Damage	<p>Two sets of rear seat measurements were taken. Each was taken between the rearward surface of the front seat back measured longitudinally in a horizontal line tangent to the highest point of the rear seat bottom. The first measurement was taken with the seat in its neutral position (notch 5) which resulted in a measurement of 77.9 cm (30.7 inches). The second measurement was taken with the seat in its full rearward position (notch 9) which resulted in a measurement of 69 cm (27.2 inches).</p>		
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)



## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	1					
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					

6. Child Safety Seat Make/Model

CODE  
#117 EVENFLOW  
JOYRIDE

Specify Below for Each Child Safety Seat

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

— Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

R.R. GERRY DOUBLE GUARD

MFG. DATE

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ☒ ] Yes [ ☐ ]

Describe indications of ejection and body parts involved in partial ejection(s):

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---

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

**(9) Unknown****Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

**(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☒ ] Yes [ ☐ ]

Describe entrapment mechanism: \_\_\_\_\_

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Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)



National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum AB 1 93. Vehicle Number 414. Occupant Number 41

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 26

Code actual age at time of accident.

(00) Less than one year old (specify by month): \_\_\_\_\_

(97) 97 years and older \_\_\_\_\_

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 164Code actual height to the nearest  
centimeter.

(999) Unknown

63 inches X 2.54 = 164 centimeters8. Occupant's Weight 173Code actual weight to the nearest  
kilogram.

(999) Unknown

164 pounds X .4536 = 73 kilograms9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 4

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_

\_\_\_\_\_  
(9) Unknown

## 17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 2

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [✓] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 1

## Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag φ

## Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(-000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(-996) Deployment, unknown longitudinal Delta V

(-997) Not deployed

(-998) Unknown if deployed

(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
(95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown



FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
2  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
2  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

## HEAD RESTRAINT AND SEAT EVALUATION

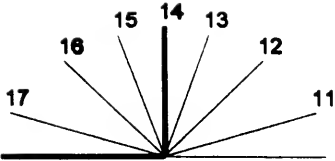
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 01  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION continued

53. Seat Back Incline Prior and Post Impact 1 4  
(00) Occupant not seated or no seat  
(01) Not adjustable

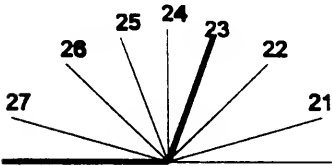
Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



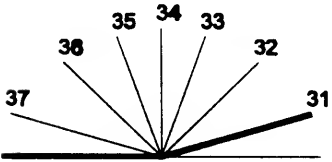
Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1  
(0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed  
    (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion,  
    (specify): \_\_\_\_\_  
(7) Combination of above (specify): \_\_\_\_\_  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model               

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat          

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation          

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage          59. Child Safety Seat Shield Usage          60. Child Safety Seat Tether Usage          Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**

61. Injury Severity (Police Rating)

φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality

9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)

9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay

φ φ

- (00) Not Hospitalized  
\_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost

9 9

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES

66. Time to Death 0 0  
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
(00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown
67. 1st Medically Reported Cause of Death 0 0
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0  
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
(00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
  
(97) Other result (includes fatal ruled disease) (specify):  
  
(99) Unknown
70. Number of Recorded Injuries for This Occupant 0 4  
Code the actual number of injuries recorded for this occupant.  
(00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 9 7  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured
72. Was the Occupant Given Blood? 9  
(1) No - blood not given  
(2) Yes - blood given (specify units):  
(9) Unknown if blood given
73. Arterial Blood Gases (ABG) – HCO<sub>3</sub> 9 7  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used





U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 1 9

3. Vehicle Number

4 1

4. Occupant Number

4 1

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>170</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>7</u>	28. <u>4</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>9</u>	34. <u>152</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>7</u>	39. <u>4</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>9</u>	45. <u>152</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity	The exceptions to this rule apply to:		(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

## Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

## CONFIDENCE LEVEL

- OFFICIAL RECORDS
- (1) Autopsy records with or without hospital/medical records
  - (2) Hospital/medical records other than emergency room (e.g., discharge summary)
  - (3) Emergency room records only (including associated X-rays or other lab reports)
  - (4) Private physician, walk-in or emergency clinic
- UNOFFICIAL RECORDS
- (5) Lay coroner report
  - (6) E.M.S. personnel
  - (7) Interviewee
  - (8) Other source (specify): \_\_\_\_\_
  - (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

# INJURY SOURCES

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

## EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

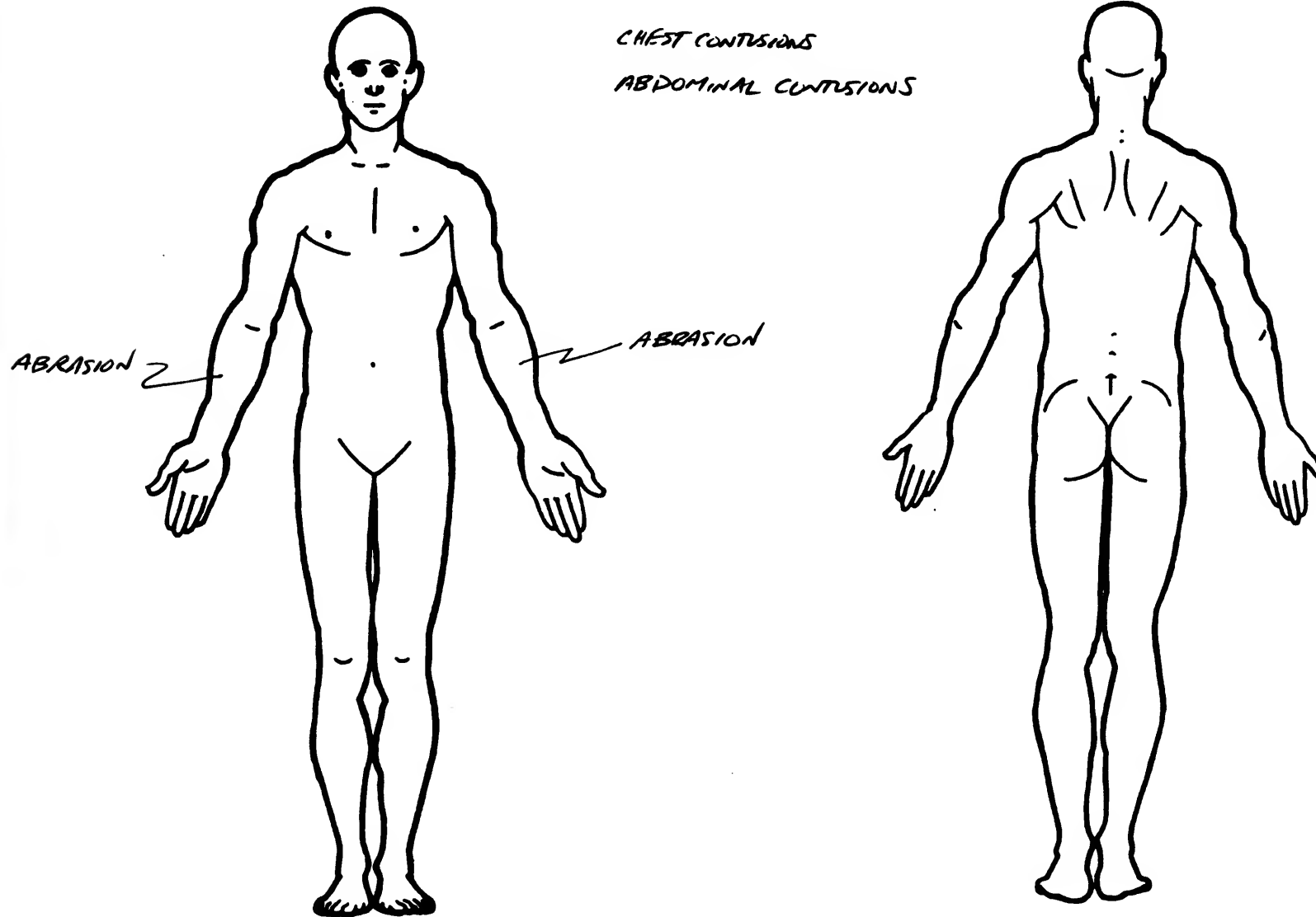
- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

\_\_\_ No

\_\_\_ Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_\_

Units of Blood  
Given

Units = \_\_\_\_

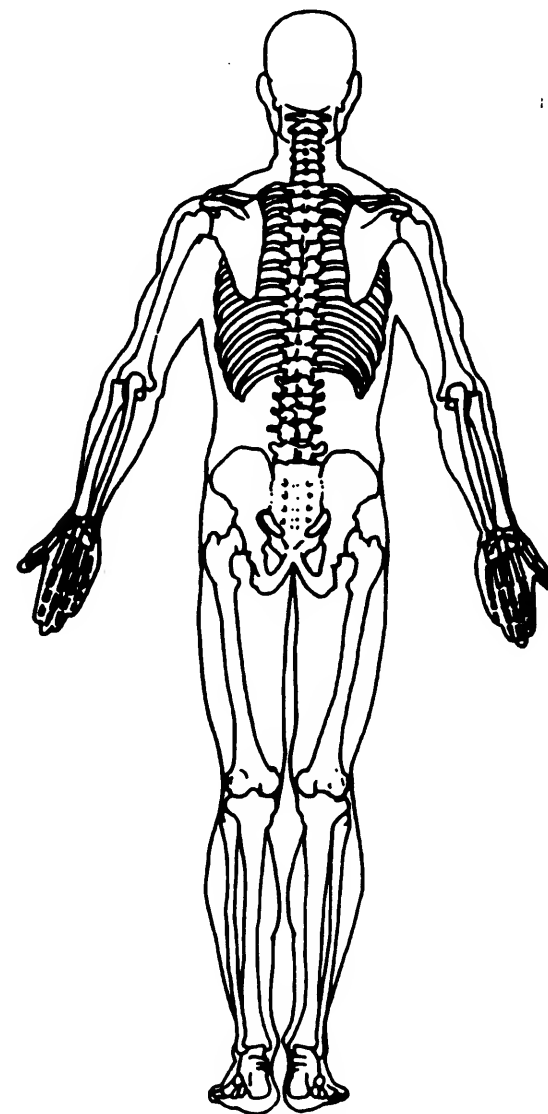
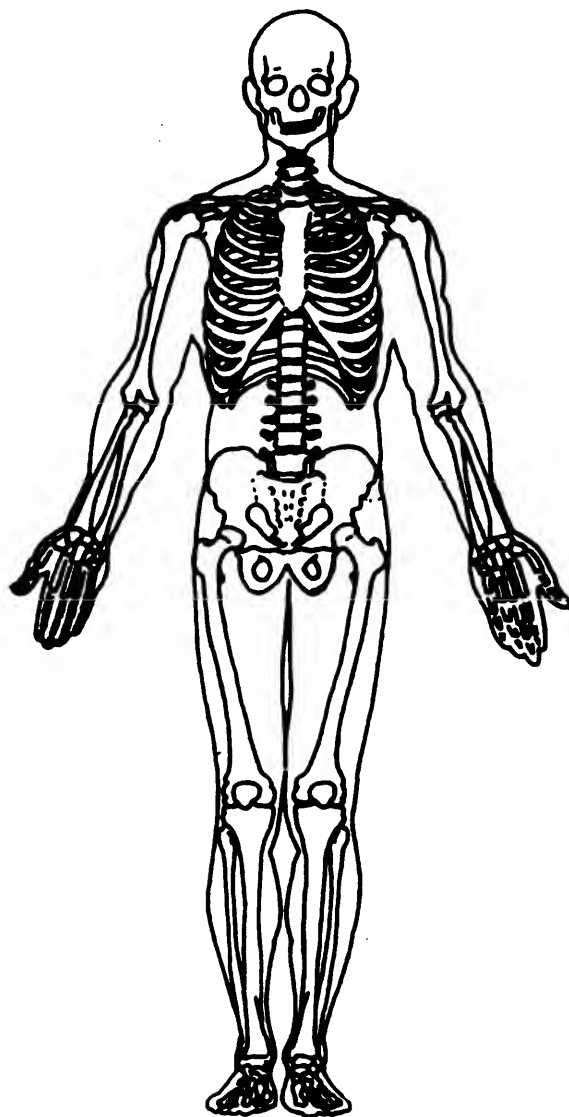
Arterial Blood Gases

pH = \_\_\_\_

PO<sub>2</sub> = \_\_\_\_

PCO<sub>2</sub> = \_\_\_\_

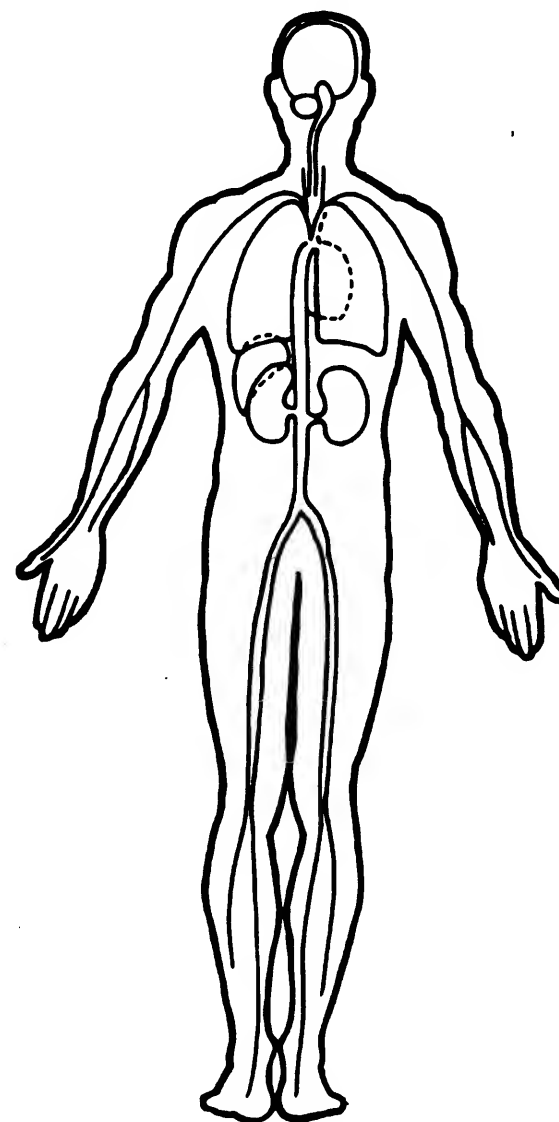
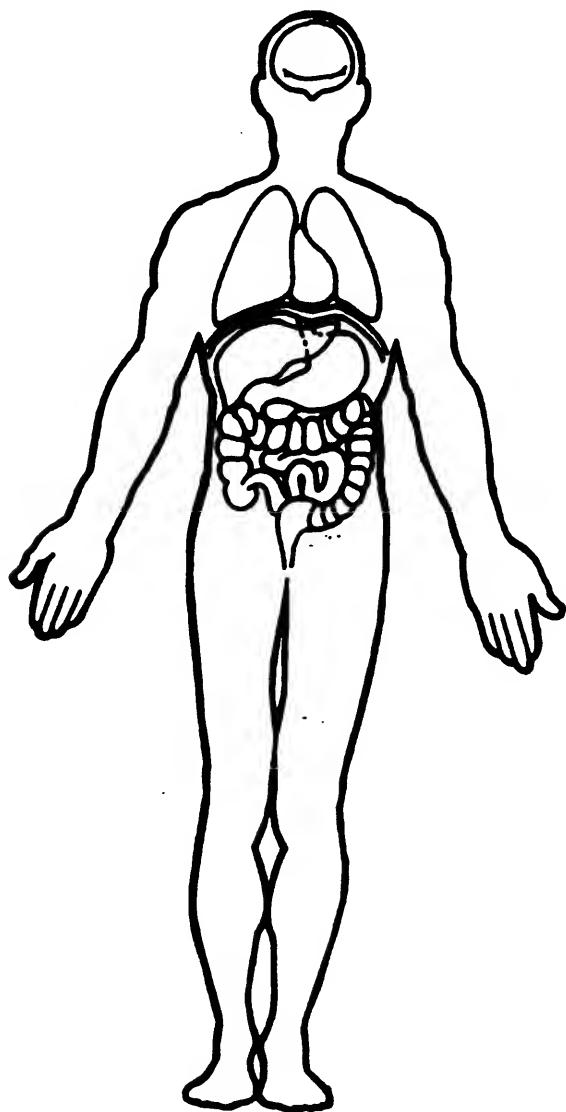
HCO<sub>3</sub> = \_\_\_\_





## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

5 MONTHS

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

27 inches X 2.54 = 66.8 centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

120 pounds X .4536 = 54.4 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify):

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection      $\phi$     

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area      $\phi$     

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium      $\phi$     

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)      $\phi$     

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment      $\phi$     

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility     /    

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 1 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 7

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): no clip

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 3

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 6

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [x] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown



## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag 0 0 0 9

Deployment Impact

- (-000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (-996) Deployment, unknown longitudinal Delta V  
(-997) Not deployed  
(-998) Unknown if deployed  
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 0 7

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

44. Source of Air Bag Damage 8 6  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
       *CHILD SEAT*  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
       *2*  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position  
 Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to  
       air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

## HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant  
 at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 0 1  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track  
       *Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track  
       positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track  
       positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 1 4

(00) Occupant not seated or no seat

(01) Not adjustable

*Upright prior to impact*

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

*Slightly reclined prior to impact*

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

*Completely reclined prior to impact*

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

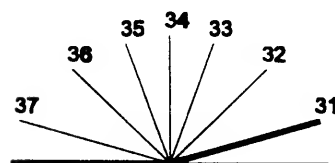
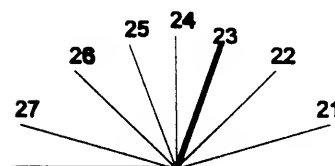
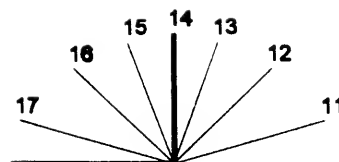
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed

(specify): \_\_\_\_\_

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion,

(specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 1 1 7

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 1

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 1

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1 259. Child Safety Seat Shield Usage 0 360. Child Safety Seat Tether Usage 0 3Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**

61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 64

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE**

**VARIABLES 66-74**

**TO BE CODED BY THE ZONE CENTER**



**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

## 66. Time to Death

2 1

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

## 67. 1st Medically Reported Cause of Death

9 6

## 68. 2nd Medically Reported Cause of Death

9 6

## 69. 3rd Medically Reported Cause of Death

9 6

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

## 70. Number of Recorded Injuries for This Occupant

0 6

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA**

## 71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

0 2

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

## 72. Was the Occupant Given Blood?

9

- (1) No - blood not given  
(2) Yes - blood given (specify units):  
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub>9 7

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

## 74. Primary Source of Belt Use Determination

1

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 1 9

3. Vehicle Number

0 1

4. Occupant Number

0 2

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury						
1st	5. <u>1</u>	6. <u>1</u>	7. <u>5</u>	8. <u>02</u>	9. <u>00</u>	10. <u>3</u>	11. <u>8</u>	12. <u>162</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>1</u>	17. <u>1</u>	18. <u>5</u>	19. <u>02</u>	20. <u>00</u>	21. <u>3</u>	22. <u>8</u>	23. <u>162</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>1</u>	28. <u>1</u>	29. <u>4</u>	30. <u>04</u>	31. <u>66</u>	32. <u>3</u>	33. <u>6</u>	34. <u>162</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>1</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>54</u>	43. <u>5</u>	44. <u>3</u>	45. <u>162</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u>1</u>	50. <u>1</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>162</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u>1</u>	61. <u>1</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>162</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<b>Whole Area</b>		
(1) Whole Area	(02) Skin - Abrasion	<b>Abbreviated Injury Scale</b>	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn	(1) Minor Injury	
(9) Skin	(30) Crush	(2) Moderate Injury	
	(40) Degloving	(3) Serious Injury	
	(50) Injury - NFS	(4) Severe Injury	
	(90) Trauma, other than mechanical	(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
	<b>Head - LOC</b>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<b>Spine</b>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

## CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_

- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): SEAT BACK
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

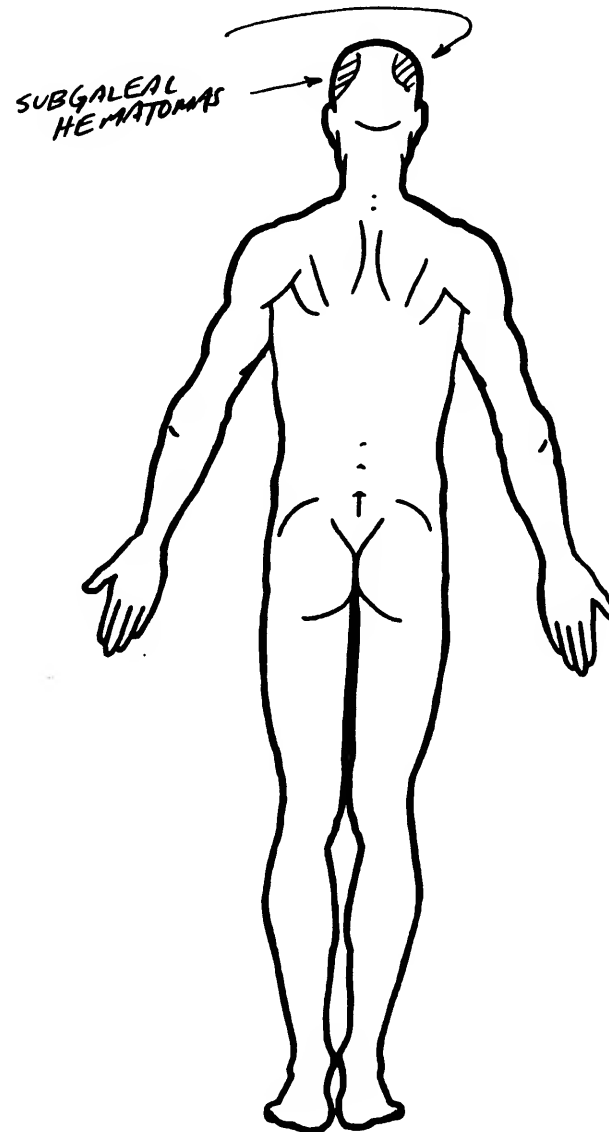
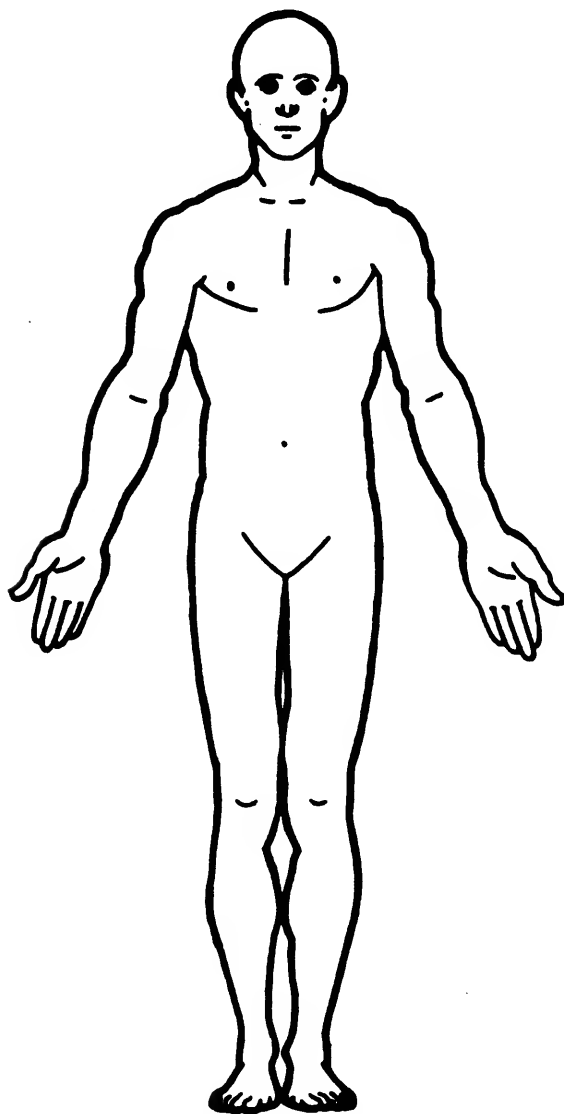
- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

\_\_\_ No

\_\_\_ Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

Units = \_\_\_

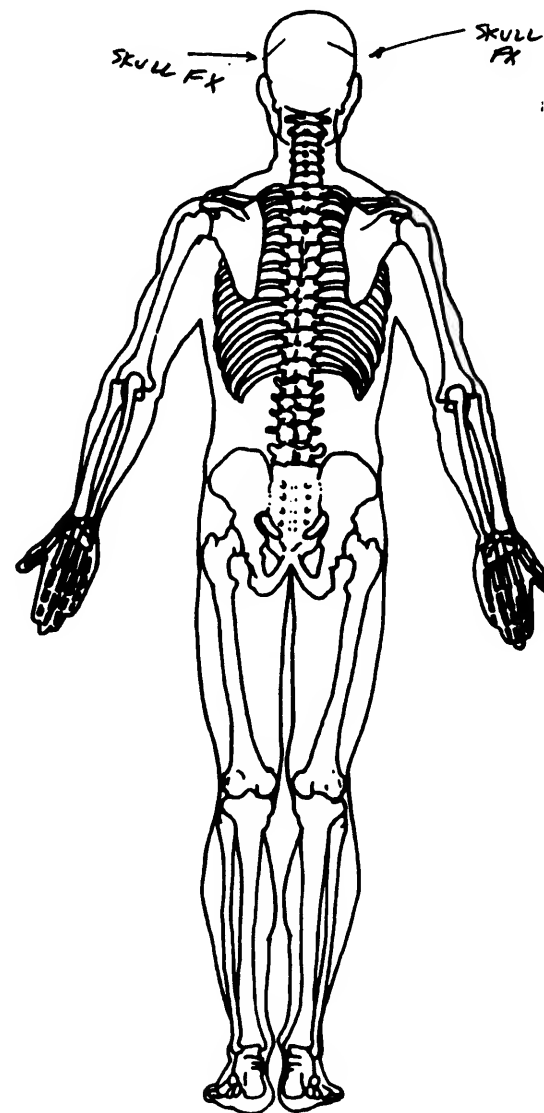
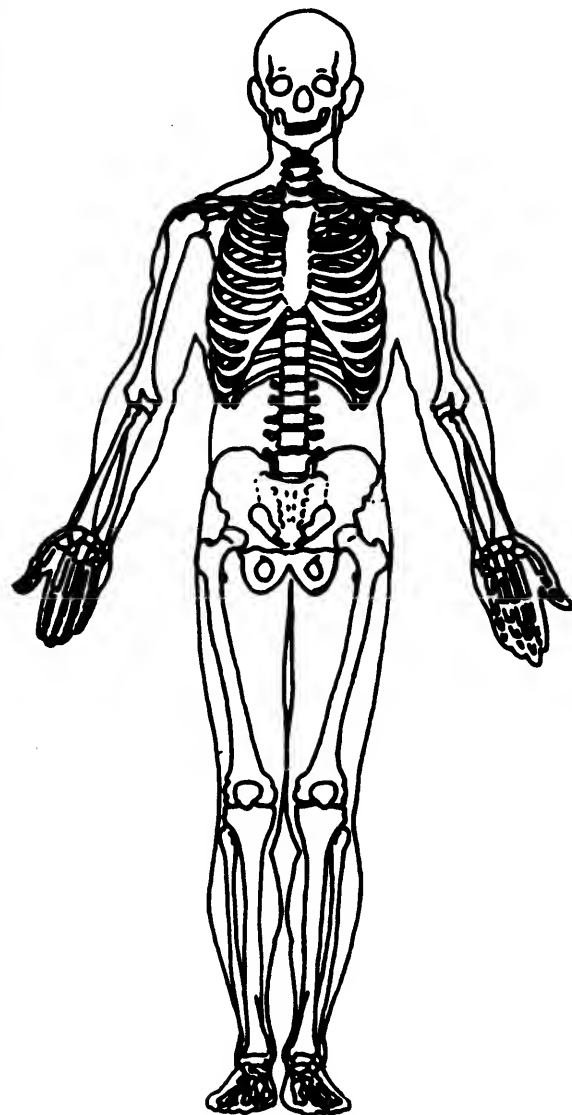
Arterial Blood Gases

pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> \_\_\_

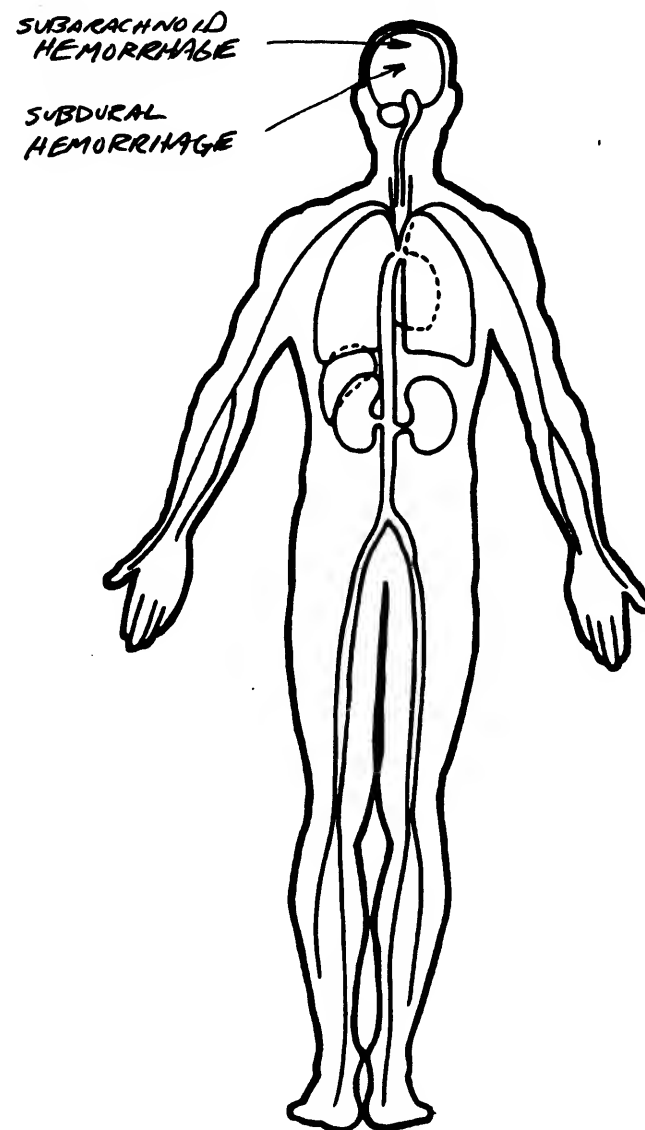
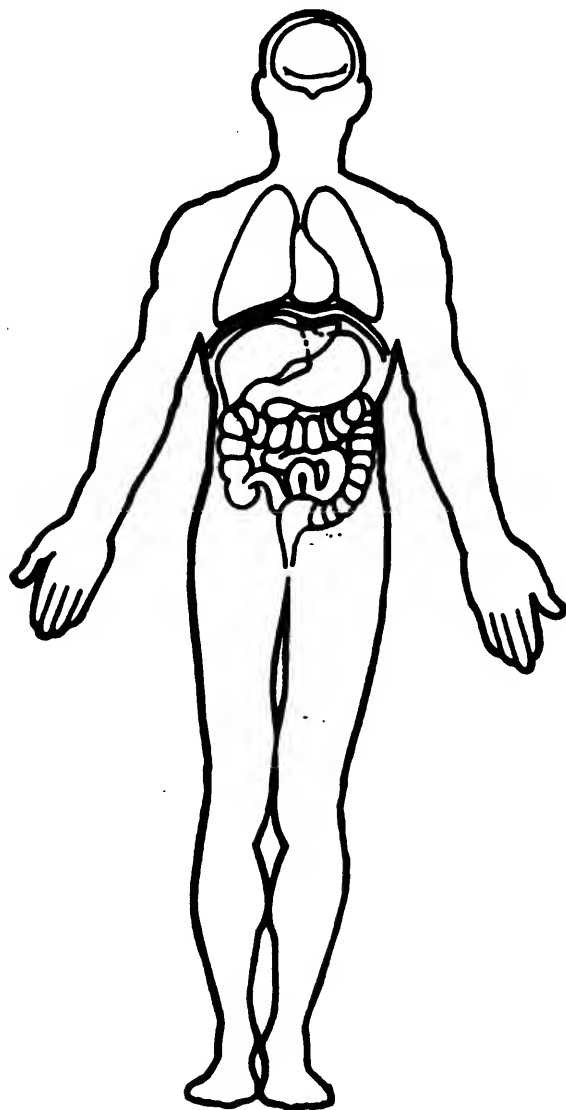
HCO<sub>3</sub> \_\_\_





## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



AUTOPSY CLASS: ☐ A ☒ B ☐ C  
☐ EXAMINATION ONLY (A)Date 10/15 Time 1030 Dr. [REDACTED]NO  
☒ PENDING☐ TOX  
☐ HISTO☐ NEURO  
☐ MED HIST.☒ FINAL ON. 10/15  
☐ LAW ENF. REPORT  
☐ OTHER \_\_\_\_\_APPROXIMATE  
INTERVAL  
BETWEEN  
ONSET  
AND  
DEATH

BEST AVAILABLE COPY

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2. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)  
IMMEDIATE CAUSE(A) Blunt Head Injuries  
DUE TO, OR AS A CONSEQUENCE OF(B)  
DUE TO, OR AS A CONSEQUENCE OF(C)  
DUE TO, OR AS A CONSEQUENCE OF

(D)

Other conditions contributing but not related to the immediate cause of death:

☐ NATURAL ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINEDOther than natural causes  
HOW DID INJURY OCCUR?Auto (passenger) vs autoWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? ☐ Yes ☒ No

TYPE SURGERY \_\_\_\_\_ DATE \_\_\_\_\_

☐ ORGAN PROCUREMENT☐ WITNESSES TO AUTOPSY:☐ PERTINENT COMMENTS:☐ EVIDENCE RECOVERED AT AUTOPSY  
Item Description:

REQUEST

☐ Police Report \_\_\_\_\_☐ Med. History \_\_\_\_\_☐ Consultation \_\_\_\_\_☐ Investigations \_\_\_\_\_☐ Criminalistics \_\_\_\_\_☐ GSR ☐ Other \_\_\_\_\_☐ HISTOPATH CUT: ☐ AUTOPSY ☐ LAB☐ MICROBIOLOGY:☐ NEUROPATHOLOGY

TOXICOLOG

IS COLLECTED

☒ YES, by \_\_\_\_\_☒ BLOOD: ☐ HEART ☒ Heart cavity  
OTHER☐ BILE☐ BRAIN☐ LIVER☐ SPLEEN☐ URINE☐ KIDNEY☐ STOMACH  
CONTENTS☐ VITREOUS☐ NO BLOOD☐ EMBALMED☒ > 24 HR. IN HOSPITAL☒ NOT INDICATED☐ OTHER \_\_\_\_\_

REASON

TOXICOLOGICAL ANALYSES ORDERED

SCREEN: ☐ C ☐ H ☐ T ☐ S☐ ALCOHOL ONLY☐ CARBON MONOXIDE☐ NO TOXICOLOGY REQUESTED☐ OTHER (SPECIFY DRUG AND TISSUE)☒ STORAGE JARS (No. 1)

Typing Blood Taken by \_\_\_\_\_

☐ HEART ☐ OTHER \_\_\_\_\_

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG☒ MED. RECORD☐ CLOTHING☐ AT SCENE PHOTO (NO. \_\_\_\_\_)☐ SPECIAL  
PROCESSING TAG☒ X-RAY (NO. 5)☐ FLUORO

WHITE - FILE COPY

CANARY - FORENSIC LAB COPY

PINK - INVESTIGATION COPY

GOLDENROD - MEDICAL EXAMINER COPY

DEATH CERTIFICATE ISSUED

☐ FINAL DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_☐ PENDING DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

## AUTOPSY CHECK SHEET

DEPARTMENT OF CORONER

16

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## EXTERNAL EXAM

Sex F  
 Race W  
 Age 5 mos  
 Height 24  
 Weight 26  
 Hair brown & shaved area  
 Eyes - grey  
 Sclera white  
 Teeth - none  
 Mouth - M  
 Tongue - M  
 Nose - M  
 Chest - M  
 Breasts - 4  
 Abdomen - M  
 Scar - 0  
 Genital - M female  
 Edema - occipital scalp

HEART Wt - Absent

Pericard  
 Hypert  
 Dilat  
 Muscle  
 Valves  
 Coronar

## AORTA

## VESSELS

## LUNGS Wt -

R 40  
 L 46  
 Adhes  
 Fluid  
 Atelectasis  
 Oedema  
 Congest  
 Consol  
 Bronchi  
 Nodes

PHARYNX  
 TRACHEA  
 THYROID  
 THYMUS

## PERITONEUM

Fluid

Adhes

LIVER Wt - 200

Caps

Lobul

Fibros

G B

Calc

Bile ducts

SPLEEN Wt - 30

Color

Consist

Caps

Malpig

## PANCREAS

## ADRENALS

## KIDNEYS Wt

Caps

Cortex

Vessels

Pelvis

Ureter

## BLADDER

## GENITALIA

Prost

Testes

Uterus

Tubes

Ovar

## OESOPHAGUS

## STOMACH

## DUOD &amp; SM INT

## APPENDIX

## LARGE INT

## ABDOM NODES

## SKELETON

Skull

Spine

Marrow

## BRAIN Wt - 800

Dura - subdural hematoma

Fluid post-mortem

Ventric lateral subarachnoid

Vessels

Eors

Nasol Sin

## PITUITARY

## SPINAL CORD

## TOXICOLOGY

## SECTIONS

## GROSS IMPRESSION

PL-9.5  
 HC-46.5  
 Chest-43  
 Abd-43  
 CH-67  
 CR-48.5

Photos of head injuries, internal,  
 of scalp and skull taken.

Date

Time

Deputy Medical Examiner

COUNTY OF [REDACTED]  
 CHIEF MEDICAL EXAMINER - CORONER

HOSPITAL AND NURSING  
 CARE FACILITY REPORT

[REDACTED] AND  
 [REDACTED] 0033

18

**TO REPORT A DEATH - PHONE** [REDACTED]  
 COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE,

NAME OF FACILITY [REDACTED]

CASE #

ADDRESS [REDACTED]

NAME OF DECEDENT [REDACTED]

AGE 51 SEX F RACE NISPANIC

DATE OF DEATH 9-5 TIME 1450

PRONOUNCED BY [REDACTED] HOSP. OR I.D. NO. [REDACTED]

☐ EMERGENCY ROOM PATIENT

**ORGAN/TISSUE DONATION INFORMATION**

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

☒ HOSPITAL IN PATIENT

NO ☐ YES ☒ IF YES, WHAT WAS THEIR RESPONSE? yes

DATE ADMITTED 9-5 TIME 1900

TO HOSPITAL BY: ☐ POLICE ☐ RELATIVES ☐ FRIENDS ☐ SELF ☒ AMBULANCE (Name or R.A#) [REDACTED]

FROM accident site

(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: [REDACTED] M.D. ATTENDING PHYSICIAN [REDACTED] M.D.

INJURIES 9-5 PLACE accident site CAUSE TRAFFIC ACCIDENT  
 DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES: MASSIVE HEAD TRAUMA

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

VENTRICULOSTOMY X-RAY 9/20

WAS A BULLET OR OTHER FOREIGN OBJECT RECOVERED? SPECIFY NO

LABORATORY: SPECIFY SPECIMENS TAKEN trauma labs DATE & TIME 9-5 1900

LABORATORY RESULTS:

RETAIN LABORATORY SPECIMENS

X-RAY REPORT:

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE IMMEDIATE CAUSE OF DEATH IS: Irreversible Brain injury

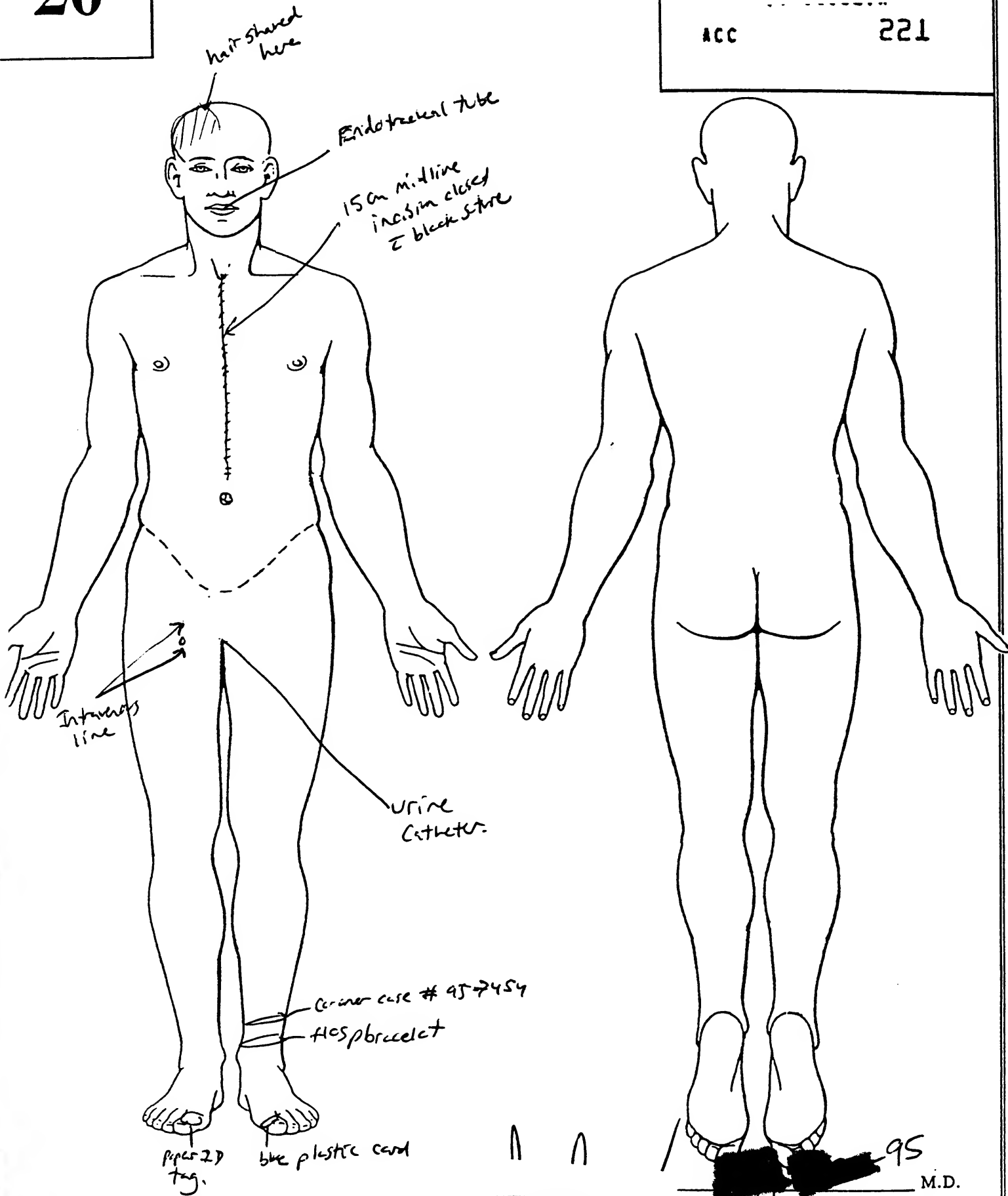
BY [REDACTED] M.D. -OR- [REDACTED]

OTHER OFFICIAL

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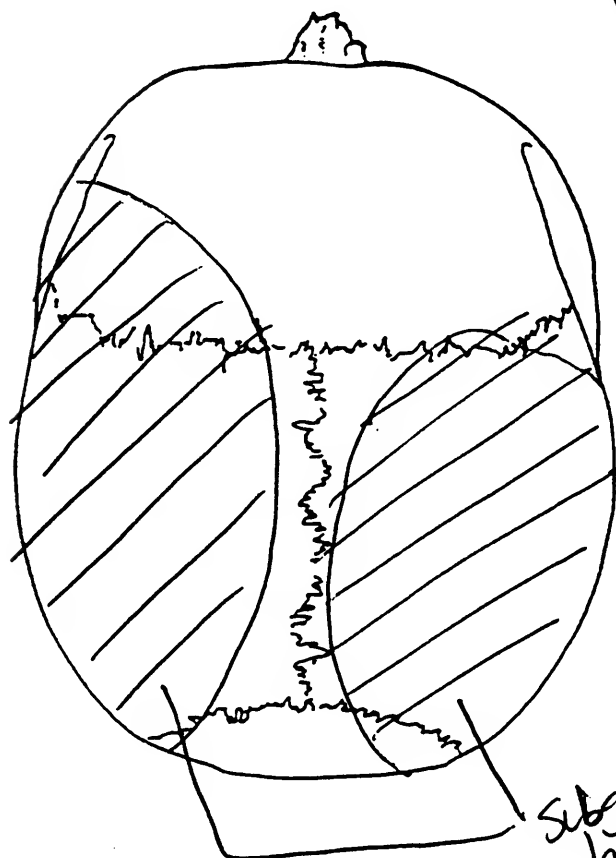
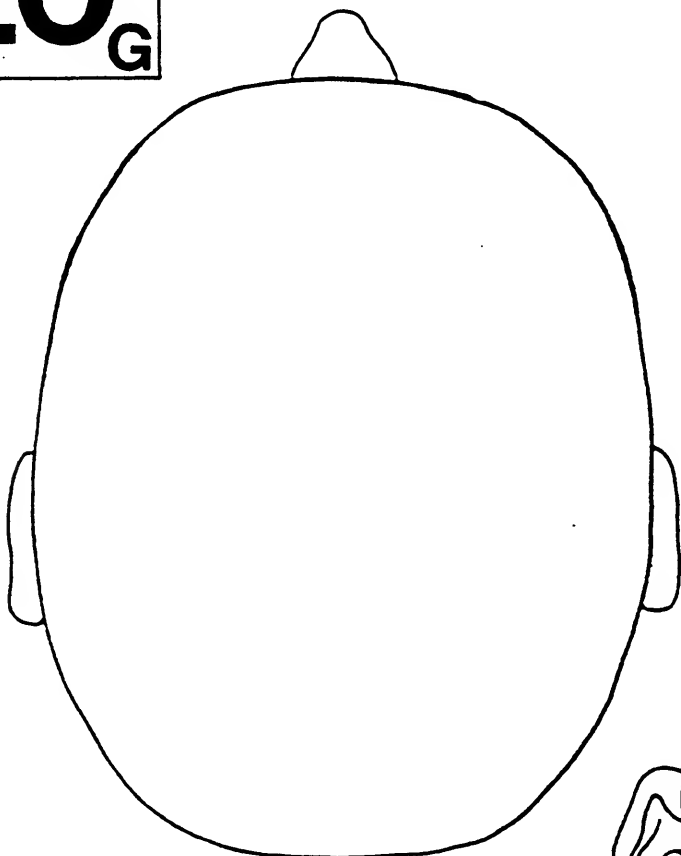


puty Medical Examiner M.D.

20  
G

ACC

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*subgaleal  
hematoma*

Date

1 [redacted] 95

M.D.

[redacted] Deputy Medical Examiner.

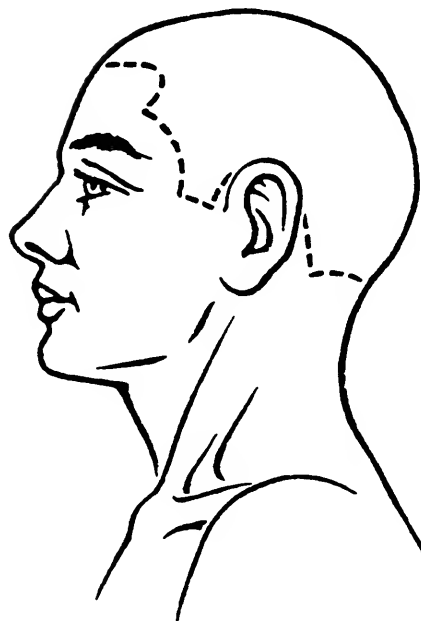
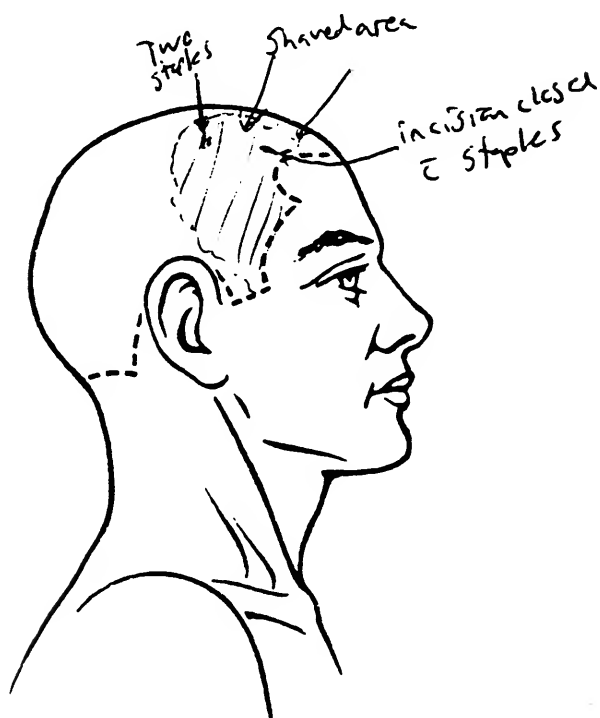
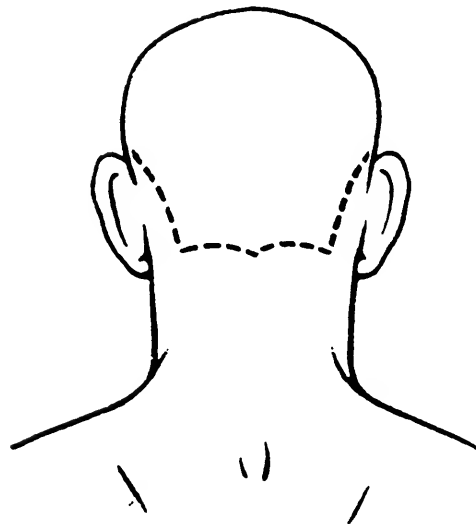
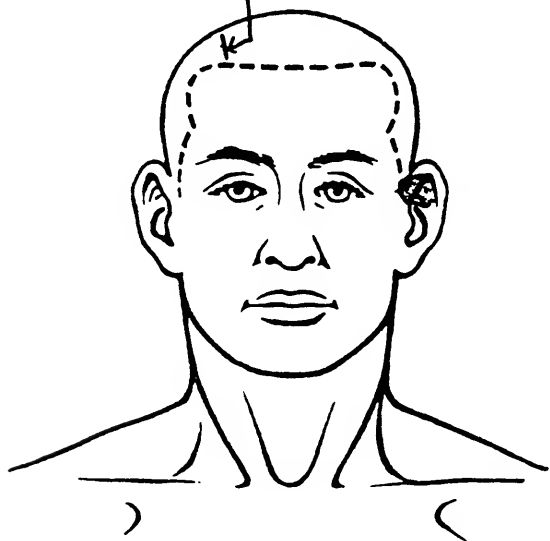


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Incision &  
Stapled suture 2.5 cm length



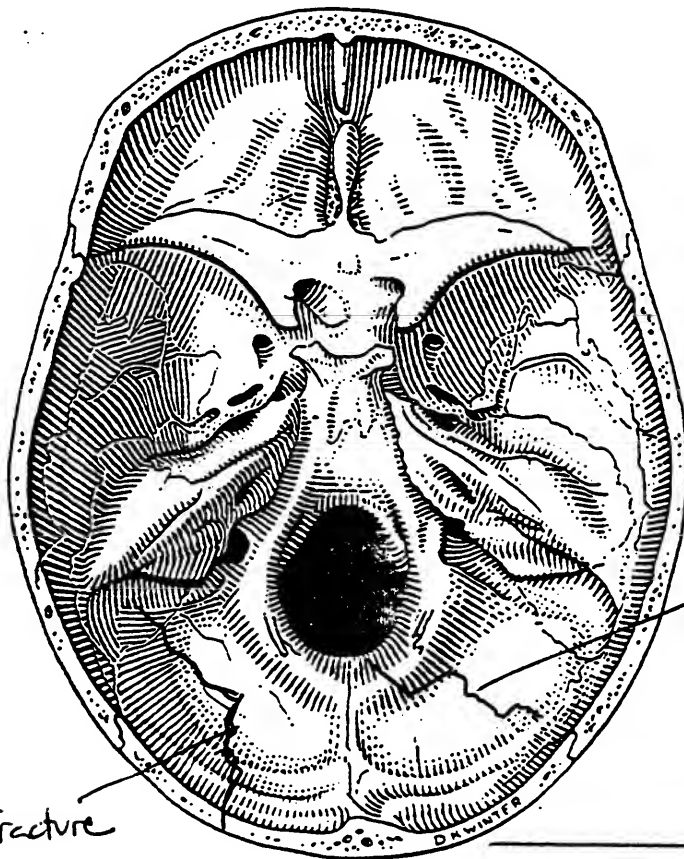
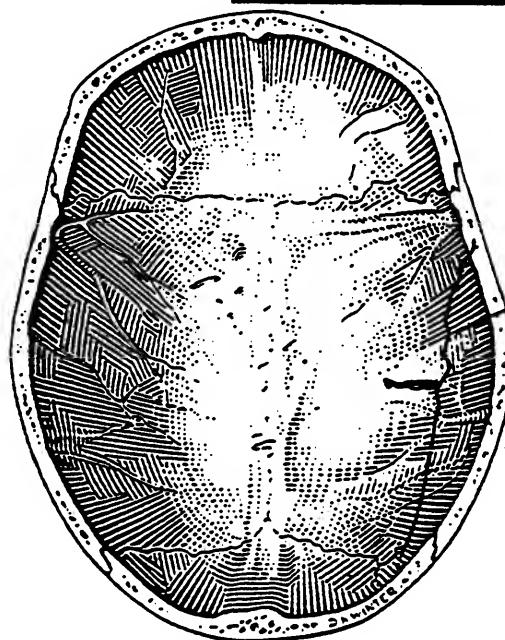
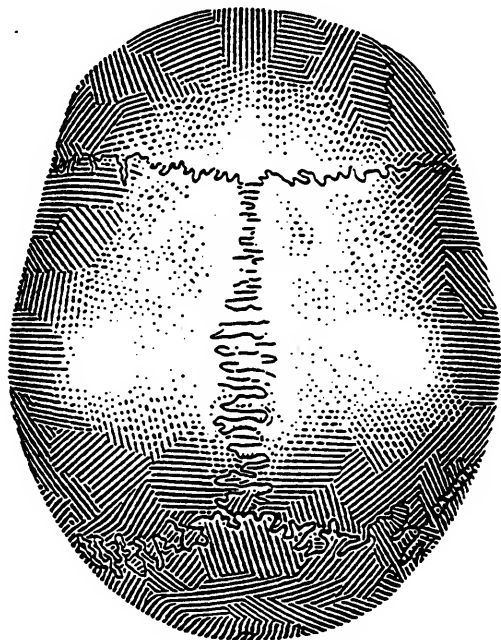
11 n / [REDACTED] 95  
[REDACTED] M.D.  
[REDACTED] Deputy Medical Examiner

28

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-95

M.D.

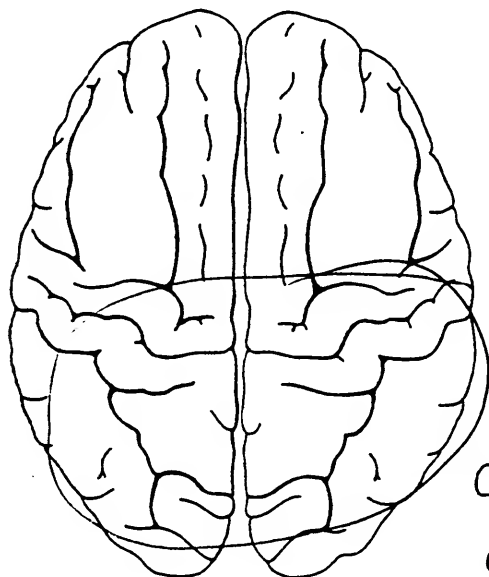
Deputy Medical Examiner

29

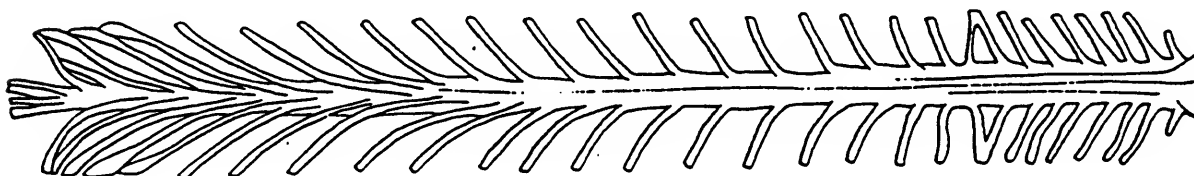
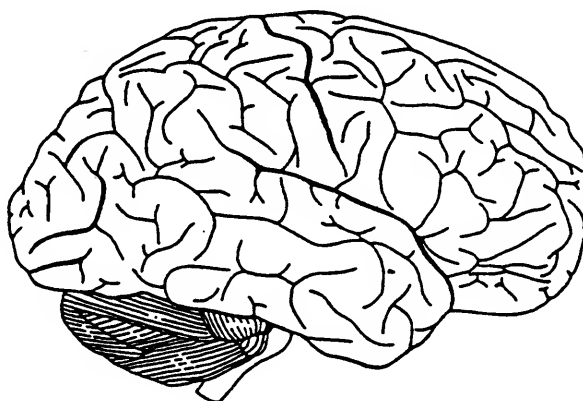
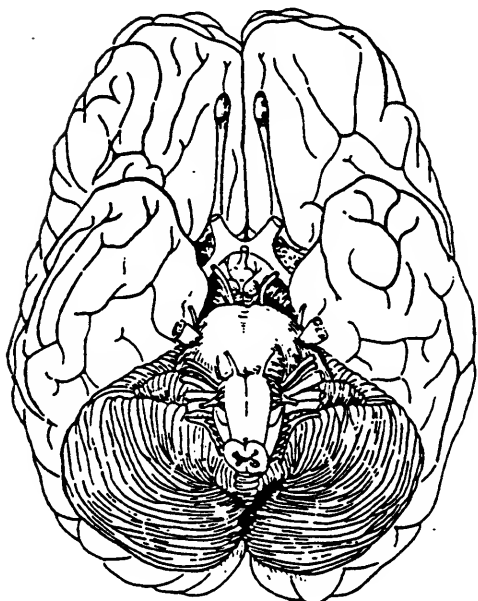
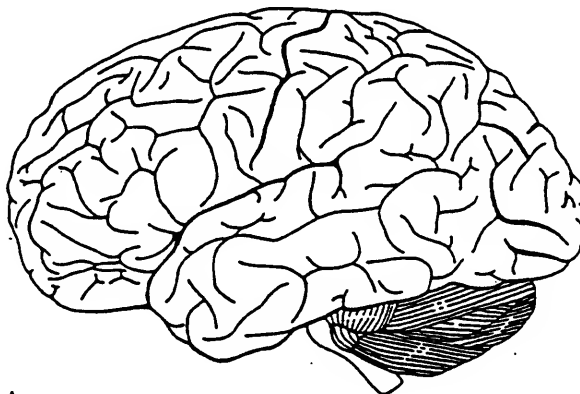
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area  
of SDH



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M.D.

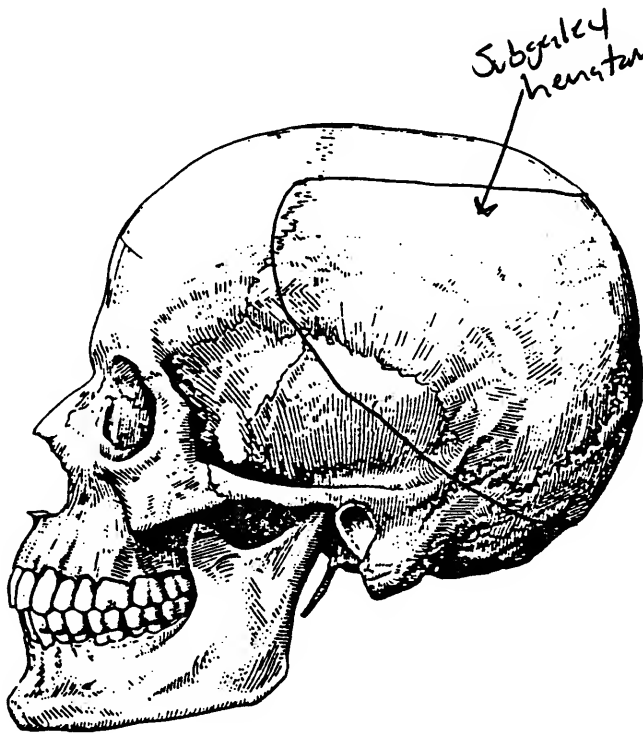
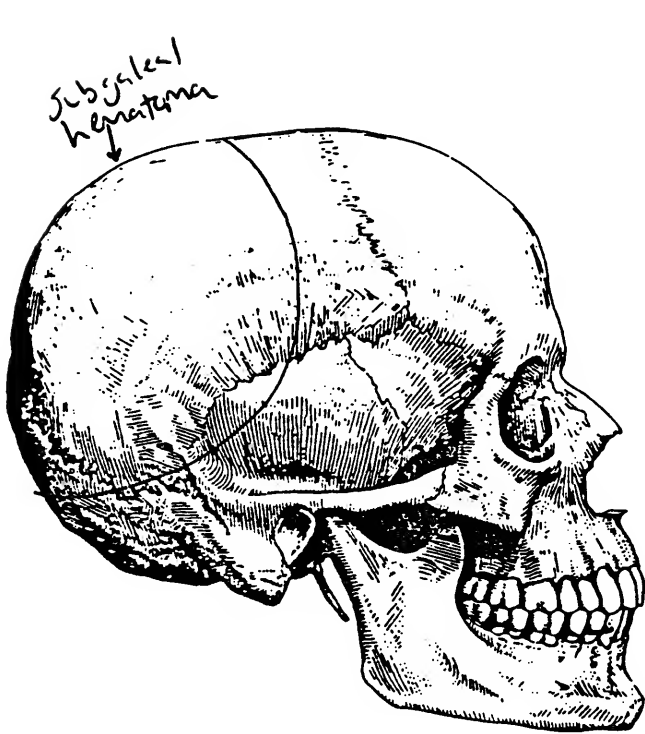
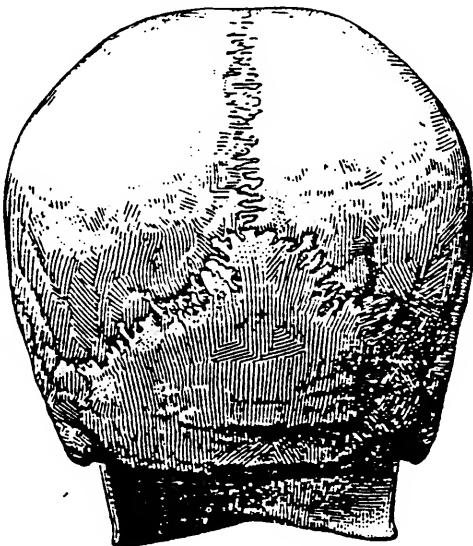
Deputy Medical Examiner

34

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Deputy Medical Examiner

M.D.

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

BEST AVAILABLE COPY

Decedent's Name \_\_\_\_\_

Coroner's Case No. \_\_\_\_\_

County \_\_\_\_\_

**INTRODUCTION**

This Autopsy Protocol for evaluation of sudden unexpected infant death has been approved by the [REDACTED] pursuant to Government Code, Section [REDACTED]. Effective [REDACTED] 1990, this protocol is to be used throughout California to assist medical examiners and coroners to establish the mode, manner, and cause of death for infants who die suddenly and unexpectedly and in whom the causes of death are not obvious.

The coroner shall state on the death certificate that sudden infant death syndrome was the cause of death when the coroner's findings are consistent with the following definition:

*The sudden death of an infant one year of age or younger which is unexpected by the infant's history and where a thorough postmortem examination fails to demonstrate an adequate cause of death.*

Loss autopsy findings should be recorded by completing the checklist on the left-hand side of the page and including a narrative description of abnormalities on the right-hand side of the page. Utilization of sketches and drawings is encouraged.

It is recommended that the brain be sectioned after at least seven (7) days in buffered 10 percent formalin. Instructions and guidelines for histologic, toxicologic, and microbiologic examination; selection of photographs, diagrams, and collection of trace evidence; and preservation of evidence in suspected sex abuse are included at the end of the checklist.

Reports of all ancillary studies, including microscopic findings, toxicology analyses, microbiologic cultures, and other studies must be attached to the end of this document. These attachments must be signed and dated by the person completing or reviewing them.

Please send copies of all completed Autopsy Protocols, as well as all Death Scene and Deputy Coroner Investigation Protocols (DHS 4439), to:

**Services  
h**

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_ 24M

Also Known As \_\_\_\_\_

Investigative Agency No. \_\_\_\_\_

Coroner's Case No. \_\_\_\_\_

County \_\_\_\_\_

Autopsy Date/Time \_\_\_\_\_

1030

Date/Time of Death \_\_\_\_\_

1450

Date of Birth/Sex \_\_\_\_\_

[REDACTED] 1/95 Female

Pathologist \_\_\_\_\_

Please Print

**FINAL AUTOPSY DIAGNOSES**

- ① Severe Blunt Head Trauma
- ② S/p hospitalization
- ③ S/p organ donation

Cause of Death 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Other Findings \_\_\_\_\_

Manner (Mode) \_\_\_\_\_



**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Investigative Agency No. 0 \_\_\_\_\_

Coroner's Case No. \_\_\_\_\_

County [REDACTED] \_\_\_\_\_Autopsy Date/Time 5 1030 \_\_\_\_\_Date/Time of Death 1450 \_\_\_\_\_Date of Birth/Sex [REDACTED] / 95 Female \_\_\_\_\_Pathologist [REDACTED] / [REDACTED] \_\_\_\_\_  
Please Print

**INITIAL AUTOPSY FINDINGS**

*see final*

County.



**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

BEST AVAILABLE COPY

Decedent's Name 1 4  
Coroner's Case No. \_\_\_\_\_  
County [REDACTED]

**EXTERNAL EXAMINATION**

**DESCRIPTION**

ID Confirmed By: [REDACTED]  
Date and Time of Examination: 1/25/95 1030  
Sex: Male \_\_\_\_\_ Female ✓  
Observed Race: White ✓ Black \_\_\_\_\_  
Asian \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

**A. WEIGHTS AND MEASUREMENTS**

1. Body Weight (gm)	<u>9086</u>
2. Crown Heel Length (cm)	<u>68</u>
3. Crown Rump Length (cm)	<u>48.5</u>
4. Occipitofrontal Circumference (cm)	<u>46.5</u>
5. Chest Circumference at Nipples (cm)	<u>43</u>
6. Abdominal Circumference at Umbilicus (cm)	<u>43</u>

NO YES

**B. GENERAL APPEARANCE/DEVELOPMENT**

1. Development Abnormal	<u>✓</u> _____
2. Nutritional Status: Abnormal	<u>✓</u> _____
Poor	<u>✓</u> _____
Obese	<u>✓</u> _____
3. Hydration: Abnormal	<u>✓</u> _____
Dehydrated	<u>✓</u> _____
Edematous	<u>✓</u> _____
4. Postmortem Artifacts	<u>✓</u> _____

**C. HEAD**

1. Configuration Abnormal	<u>✓</u> _____
2. Scalp and Hair Abnormal	<u>✓</u> _____
3. Hair Color <u>brown</u>	
4. Other	<u>✓</u> _____

**D. EVIDENCE OF TRAUMA (LIST)**

1. Bruises	<u>✓</u> _____
2. Lacerations	<u>✓</u> _____
3. Abrasions	<u>✓</u> _____
4. Other	<u>✓</u> _____

# **AUTOPSY PROTOCOL FOR SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_  
 Coroner's Case No. \_\_\_\_\_  
 County \_\_\_\_\_

	NO	YES	DESCRIPTION
<b>E. EVIDENCE OF PAST SURGICAL INTERVENTION</b>			
1. Scars	<input checked="" type="checkbox"/>	_____	
2. Tracheostomy	<input checked="" type="checkbox"/>	_____	
3. Gastrostomy	<input checked="" type="checkbox"/>	_____	
4. Other	<input checked="" type="checkbox"/>	_____	
<b>F. EVIDENCE OF RESUSCITATION</b>			
1. Endotracheal Tube	_____	<input checked="" type="checkbox"/>	
2. Nasogastric Tube	_____	<input checked="" type="checkbox"/>	
3. Chest Ecchymoses	<input checked="" type="checkbox"/>	_____	
Location _____			
4. EKG Monitor Pads	<input checked="" type="checkbox"/>	_____	
Location _____			
5. Defibrillator Marks	<input checked="" type="checkbox"/>	_____	
Location _____			
6. Venipunctures	_____	<input checked="" type="checkbox"/>	
Location <u>Right inguinal fold.</u>			gastric tube (inserted orally, not nasally)
7. Intracardiac Injections (Precordial Needle Marks)	<input checked="" type="checkbox"/>	_____	
Location _____			
8. Intraosseous Lines	<input checked="" type="checkbox"/>	_____	
9. Long Lines (Deep, Central, Etc.)	<input checked="" type="checkbox"/>	_____	
10. Other	<input checked="" type="checkbox"/>	_____	
<b>G. CONGENITAL ANOMALIES, EXTERNAL (List)</b>			
<b>H. INTEGUMENT</b>			
1. Jaundice	<input checked="" type="checkbox"/>	_____	
2. Petechiae	<input checked="" type="checkbox"/>	_____	
3. Rashes	<input checked="" type="checkbox"/>	_____	
4. Birthmarks	<input checked="" type="checkbox"/>	_____	
5. Other Abnormalities	<input checked="" type="checkbox"/>	_____	

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

	NO	YES	DESCRIPTION
<b>I. EYES</b>			
1. Color <u>brown</u>			
2. Cataracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Position Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Jaundice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Congestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Conjunctivitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Petechiae	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Conjunctiva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Sclera	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Hemorrhage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Conjunctiva	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Sclera	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Retina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>EYES TO BE REMOVED WHEN INDICATED</b>			
9. Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>J. EARS</b>			
1. Low Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Rotation Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Configuration Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. External Canals Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>K. NOSE</b>			
1. Configuration Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Septum Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Right Choanal Atresia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Left Choanal Atresia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Nares Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. 10-1-197  
County [REDACTED]

	NO	YES	DESCRIPTION
<b>L. MOUTH</b>			
1. Labial Frenulum Abnormal	<input checked="" type="checkbox"/>	_____	
2. Teeth Present	<input checked="" type="checkbox"/>	_____	
a. No. Upper _____			
b. No. Lower _____			
3. Tongue			
a. Size Abnormal	<input checked="" type="checkbox"/>	_____	
b. Frenulum Abnormal	<input checked="" type="checkbox"/>	_____	
c. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>M. PALATE</b>			
1. Cleft	<input checked="" type="checkbox"/>	_____	
2. High Arched	<input checked="" type="checkbox"/>	_____	
3. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>N. MANDIBLE</b>			
1. Micrognathia	<input checked="" type="checkbox"/>	_____	
2. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>O. NECK</b>			
1. Configuration Abnormal	<input checked="" type="checkbox"/>	_____	
2. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>P. CHEST</b>			
1. Configuration Abnormal	<input checked="" type="checkbox"/>	_____	
2. Breast Abnormalities	<input checked="" type="checkbox"/>	_____	
3. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>Q. ABDOMEN</b>			
1. Configuration Abnormal	<input checked="" type="checkbox"/>	_____	
2. Distended	<input checked="" type="checkbox"/>	_____	
3. Umbilicus Abnormal	<input checked="" type="checkbox"/>	_____	
4. Other Abnormalities	<input checked="" type="checkbox"/>	_____	
<b>R. EXTERNAL GENITALIA, URETHRA, AND ANUS CERVIX, VAGINA, DISTAL RECTUM AND/OR ANUS TO BE REMOVED AND EXAMINED MICROSCOPICALLY WHEN TRAUMA SUSPECTED.</b>			
Normal Male _____	Female <input checked="" type="checkbox"/>	Ambiguous _____	
1. Labia Majora			
a. Bruises	<input checked="" type="checkbox"/>	_____	
b. Bites	<input checked="" type="checkbox"/>	_____	
c. Lacerations	<input checked="" type="checkbox"/>	_____	
d. Other Abnormalities	<input checked="" type="checkbox"/>	_____	



**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

	NO YES	DESCRIPTION
--	--------	-------------

**R. EXTERNAL GENITALIA, URETHRA, AND ANUS (Continued)**

**2. Labia Minora**

- |                        |   |  |
|------------------------|---|--|
| a. Bruises             | ✓ |  |
| b. Scars               | ✓ |  |
| c. Other Abnormalities | ✓ |  |

**3. Clitoris**

- |                        |   |  |
|------------------------|---|--|
| a. Bruises             | ✓ |  |
| b. Other Abnormalities | ✓ |  |

**4. Urethra, Female**

- |                        |   |  |
|------------------------|---|--|
| a. Discharge           | ✓ |  |
| b. Lacerations         | ✓ |  |
| c. Other Abnormalities | ✓ |  |

**5. Hymen**

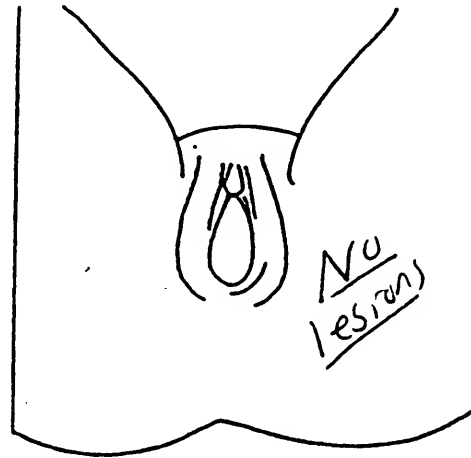
- |                        |   |  |
|------------------------|---|--|
| a. Lacerations         | ✓ |  |
| b. Hemorrhage          | ✓ |  |
| c. Scars               | ✓ |  |
| d. Diameter (mm) _____ |   |  |
| e. Exam Position _____ |   |  |
| f. Other Abnormalities | ✓ |  |

**6. Vagina**

- |                        |   |  |
|------------------------|---|--|
| a. Bruises             | ✓ |  |
| b. Lacerations         | ✓ |  |
| c. Scars               | ✓ |  |
| d. Discharge           | ✓ |  |
| e. Other Abnormalities | ✓ |  |

**7. Posterior Fourchette**

- |                        |   |  |
|------------------------|---|--|
| a. Lacerations         | ✓ |  |
| b. Bruises             | ✓ |  |
| c. Scars               | ✓ |  |
| d. Other Abnormalities | ✓ |  |



Please Type or Print

Coroner's Case No. \_\_\_\_\_

County

**NO YES**

### DESCRIPTION

### R. EXTERNAL GENITALIA, URETHRA, AND ANUS (Continued)

## 8. Penis

- a. Circumcised
- b. Discharge
- c. Lacerations
- d. Bites
- e. Scars
- f. Other Abnormalities

### 9. Urethra, Male

- a. Discharge
- b. Tears
- c. Other Abnormalities

## 10. Scrotum

- a. Bites
- b. Bruises
- c. Other Abnormalities

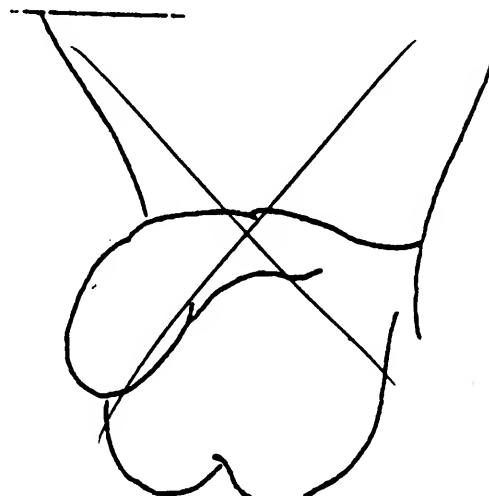
## 11. ~~Tests~~

- a. Undescended
- b. Hemorrhage
- c. Other Abnormalities

## 12. Anus

- Lacerations
- Stool
- Bruises
- Condylomata
- Other Abnormalities

### 13. Postmortem Genitoanal Artifacts



**Please Type or Print**

**Coroner's Case No.**

County

**NO YES**

### DESCRIPTION

1 cm Below Umbilicus (cm) 1.5

✓           

## 1. Fluid

a. Left (ml) \_\_\_\_\_

b. Right (ml) \_\_\_\_\_

## 2. Fibrinous Exudate

a. Left

b. Right

### 3. Fibrous Adhesions

a. Left

b. Right

#### 4. Other Abnormalities

#### D. PERICARDIAL CAVITY

1. Fluid (ml) 6

## 2. Fibrinous Exudates

### 3. Fibrous Adhesions

#### 4. Other Abnormalities

### E. PERITONEAL CAVITY

1. Fluid (ml) minimal

## 2. Fibrinous Exudates

### 3. Fibrous Adhesions

#### 4. Other Abnormalities

## F. RETROPERITONEUM

## 1. Edema

## 2. Other Abnormalities

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

NO YES

DESCRIPTION

**G. PETECHIAE**

- |                        |                                     |       |
|------------------------|-------------------------------------|-------|
| 1. Parietal Pleura     |                                     |       |
| a. Left                | <input checked="" type="checkbox"/> | _____ |
| b. Right               | <input checked="" type="checkbox"/> | _____ |
| 2. Visceral Pleura     |                                     |       |
| a. Left                | <input checked="" type="checkbox"/> | _____ |
| b. Right               | <input checked="" type="checkbox"/> | _____ |
| 3. Pericardium         | <input checked="" type="checkbox"/> | _____ |
| 4. Epicardium          | <input checked="" type="checkbox"/> | _____ |
| 5. Thymus              | <input checked="" type="checkbox"/> | _____ |
| 6. Parietal Peritoneum | <input checked="" type="checkbox"/> | _____ |
| 7. Visceral Peritoneum | <input checked="" type="checkbox"/> | _____ |

**H. SITUS INVERSUS**

- |              |                                     |       |
|--------------|-------------------------------------|-------|
| 1. Thoracic  | <input checked="" type="checkbox"/> | _____ |
| 2. Abdominal | <input checked="" type="checkbox"/> | _____ |

**I. NASOPHARYNGEAL OBSTRUCTION**

☒ \_\_\_\_\_

**J. OROPHARYNGEAL OBSTRUCTION**

☒ \_\_\_\_\_

**K. LARYNGOTRACHEAL OBSTRUCTION**

☒ \_\_\_\_\_

**L. NECK SOFT TISSUE HEMORRHAGE**

☒ \_\_\_\_\_

**M. HYOID BONE**

Abnormal ☒ \_\_\_\_\_

**N. THYMUS**

- |                           |   |
|---------------------------|---|
| 1. Weight (gms.) _____    | } Thymus absent s/p Donor heart removal |
| 2. Configuration Abnormal |   |
| 3. Atrophy                |   |
| 4. Other Abnormalities    |   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**O. EPIGLOTTIS**

- |                           |                                     |       |
|---------------------------|-------------------------------------|-------|
| 1. Configuration Abnormal | <input checked="" type="checkbox"/> | _____ |
| 2. Other Abnormalities    | <input checked="" type="checkbox"/> | _____ |

**P. LARYNX**

- |                        |                                     |       |
|------------------------|-------------------------------------|-------|
| 1. Edema               | <input checked="" type="checkbox"/> | _____ |
| 2. Other Abnormalities | <input checked="" type="checkbox"/> | _____ |

Please Type or Print

## 9. TRACHEA

1. Stenosis	<u>✓</u>	_____
2. Obstructive Exudates	<u>✓</u>	_____
3. Aspirated Gastric Contents	<u>✓</u>	_____
4. Inflammation	<u>✓</u>	_____
5. ET Tube Tip Location		<u>above Carina.</u>
6. Other Abnormalities	<u>✓</u>	_____

1. Edema Fluid	<u>✓</u>	_____
2. Mucus Plugs	<u>✓</u>	_____
3. Gastric Contents	<u>✓</u>	_____
4. Inflammation	<u>✓</u>	_____
5. Other Abnormalities	<u>✓</u>	_____

1. Weight: Right (gms.) 40  
Left (gms.) 40

2. Congestion — ✓  
Severity Moderate

3. Hemorrhage ✓  
Severity \_\_\_\_\_

4. Edema ✓  
Severity \_\_\_\_\_

5. Consolidation ✓  
Percent Estimate \_\_\_\_\_  
Location \_\_\_\_\_

6. Anomalies ✓

7. Pulmonary Arteries

- a. Thromboembolization ✓
- b. Thickened Walls ✓

8. Pleura Abnormal ✓

9. Other Abnormalities ✓

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_

Coroner's Case No. \_\_\_\_\_

County \_\_\_\_\_

	NO	YES	DESCRIPTION
<b>T. RIBS</b>			
1. Fractures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Callus Formation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Configuration Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>U. DIAPHRAGM</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>V. CARDIOVASCULAR SYSTEM</b>			
1. Heart Weight (gms.) _____			<p>patient is organ donor (heart) S/p Removal</p>
2. Left Ventricular Thickness (cm) _____			
3. Right Ventricular Thickness (cm) _____			
4. Mitral Valve Circumference (cm) _____			
5. Aortic Valve Circumference (cm) _____			
6. Tricuspid Valve Circumference (cm) _____			
7. Pulmonary Valve Circumference (cm) _____			
	NO	YES	
8. Myocardium Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	
9. Ventricular Inflow and Outflow Tracts Narrow	<input type="checkbox"/>	<input type="checkbox"/>	
10. Valvular Vegetations/Thromboses	<input type="checkbox"/>	<input type="checkbox"/>	
11. Aortic Coarctation	<input type="checkbox"/>	<input type="checkbox"/>	
Narrowest Luminal Diameter (cm) _____			
12. Patent Ductus Arteriosus	<input type="checkbox"/>	<input type="checkbox"/>	
13. Congenital Heart Disease			
a. Atrial Septal Defect	<input type="checkbox"/>	<input type="checkbox"/>	
b. Ventricular Septal Defect	<input type="checkbox"/>	<input type="checkbox"/>	
c. Other Congenital Defects	<input type="checkbox"/>	<input type="checkbox"/>	
14. Location of Long Line Tips _____			
15. Occlusive Vascular Thrombosis Locations _____			
16. Other Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	



**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

	NO	YES	DESCRIPTION
<b>W. ESOPHAGUS</b>			
1. Esophagitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Lacerations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>X. STOMACH</b>			
1. Pyloric Stenosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Y. SMALL INTESTINE</b>			
1. Volvulus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Meckel's Diverticulum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Other Abnormalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Z. COLON</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>AA. APPENDIX</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>BB. MESENTERY</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>CC. LIVER</b>			
1. Weight (gms.) <u>260</u>			
2. Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>DD. GALLBLADDER</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>EE. PANCREAS</b>			
Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FF. SPLEEN</b>			
1. Weight (gms.) <u>30</u>			
2. Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>GG. KIDNEYS</b>			
1. Weight: Right (gms.) <u>20</u>			
Left (gms.) <u>25</u>			
2. Abnormal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Please Type or Print**

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

**NO YES**

## DESCRIPTION

## HH. URETERS

Abnormal              

## II. BLADDER

Abnormal              

JJ. ~~PROSPATE~~

Abnormal \_\_\_\_\_

### XX. UTERUS, FALLOPIAN TUBES, OVARIES

Abnormal ✓

## LL. THYROID

1. Enlarged ✓

2. Other Abnormalities ✓

## MM. ADRENALS

1. Weight: Right (gms.) \_\_\_\_\_

Left (gms.) \_\_\_\_\_

Combined (gms.) \_\_\_\_\_

2. Abnormal ✓

## NN. PITUITARY

1. Necrosis ✓

2. Other Abnormalities ✓

**DO. CONGENITAL ANOMALIES, INTERNAL**  
**(List)**

## PP. CENTRAL NERVOUS SYSTEM

### 1. Whole Brain Weight

Fresh (gms) 800

Fixed (gms)           

## 2. Cerebellum and Brainstem

Fresh (gms)           Fixed (gms)           

### 3. Evidence of Trauma

a. Scalp

b. Galea                       ✓

### c. Anterior Fontanelle Size

Anterior-Posterior (cm) 3

Transverse (cm) 3

Subgaleal hemorrhages, right and  
left temporo-occipital areas  
Form #37 and #20G

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

NO YES

DESCRIPTION

## PP. CENTRAL NERVOUS SYSTEM (Continued)

## 4. Configuration of Anterior Fontanelle

- a. Abnormal ☒ ☐  
b. Bulging ☒ ☐  
c. Depressed ☒ ☐

## 5. Calvarium

- a. Configuration Abnormal ☒ ☐  
b. Other Abnormalities ☒ ☐

## 6. Cranial Sutures

- a. Closed (Fused) ☒ ☐  
b. Overriding ☒ ☐  
c. Other Abnormalities ☒ ☐

## 7. Base of Skull

- a. Configuration Abnormal ☒ ☐  
b. Middle Ear Abnormal ☒ ☐  
c. Other Abnormalities ☒ ☐

## 8. Fractures

- a. Calvarium ☒ ☐  
b. Base of Skull ☒ ☐  
c. Facial ☒ ☐  
d. Other ☒ ☐

## 9. Foramen Magnum Abnormal

☒ ☐

## 10. Hemorrhage

- a. Epidural ☒ ☐  
b. Dural ☒ ☐  
c. Subdural ☒ ☐  
d. Subarachnoid ☒ ☐  
e. Cerebral ☒ ☐  
f. Cerebellum ☒ ☐  
g. Brainstem ☒ ☐  
h. Spinal Cord ☒ ☐  
i. Ventricular ☒ ☐  
j. Other ☒ ☐

① Left temporo-occipital  
② Right occipital  
Form #28

→ Lateral, Superior, occipital  
→ Global

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**

Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

	NO	YES	DESCRIPTION
--	----	-----	-------------

**PP. CENTRAL NERVOUS SYSTEM (Continued)**

11. Dural Laceration ✓ —

12. Dural Sinus Thrombosis ✓ —

13. Brain

**IF EXTERNALLY ABNORMAL,  
FIX AT LEAST SEVEN DAYS IN  
BUFFERED 10 PERCENT  
FORMALIN BEFORE CUTTING**

a. Configuration Abnormal ✓ —

b. Hydrocephalus ✓ —

c. Gyral Pattern Abnormal ✓ —

d. Cerebral Edema ✓ —

e. Uncal Herniation ✓ —

Severity \_\_\_\_\_

f. Cerebellar Tonsillar Herniation ✓ —

Severity \_\_\_\_\_

g. Leptomeningeal Exudates ✓ —  
(Culture if present)

h. Leptomeningeal Hemorrhage ✓ —

i. Cerebral Contusions ✓ —

j. Malformations ✓ —

k. Cranial Nerves Abnormal ✓ —

l. Circle of Willis and Basilar

Arteries Abnormal ✓ —

m. Ventricular Contours Abnormal ✓ —

n. Cerebral Infarction ✓ —

o. Contusional Tears ✓ —

p. Other Abnormalities ✓ —

14. Spinal Cord

a. Inflammation ✓ —

b. Contusion(s) ✓ —

c. Anomalies ✓ —

d. Other Abnormalities ✓ —

} Spinal cord not examined.

**AUTOPSY PROTOCOL FOR  
SUDDEN UNEXPECTED INFANT DEATH**  
Please Type or Print

Decedent's Name \_\_\_\_\_  
Coroner's Case No. \_\_\_\_\_  
County \_\_\_\_\_

**NAMES AND ID NUMBERS OF INDIVIDUALS COMPLETING THIS FORM**

Name	ID No.	Address	Phone
------	--------	---------	-------

1.

3.

4.

**NAMES OF WITNESSES TO THIS AUTOPSY (Please Type or Print)**

*None*

5.

## CASE REPORT

1995

DEPARTMENT OF CORONER

1	APPARENT MODE NAT ACC SUI HOMI				SPECIAL CIRCUMSTANCES PASSENGER AUTO VS AUTO, NO CHARGES, POSSIBLE LITIGATION				CASE NO.		
	<input type="checkbox"/> STATE HOSP <input type="checkbox"/> O.I.S. <input type="checkbox"/> AUTOPSY WAIVER <input type="checkbox"/> CLOSELY WATCHED										
	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT WORK <input type="checkbox"/> LAW ENFORCEMENT RELATED <input type="checkbox"/> VICTIMS OF CRIME										
LAST FIRST MIDDLE				AKA:				CRYPT			
ADDRESS				CITY				STATE ZIP			
				CA							
SEX	RACE APPEARS	DOB	AGE	HGT	WGT	EYES	HAIR	TEETH	ID VIEW	CONDITION	<input type="checkbox"/> EMBALMED
h	h	95	5 mos	24	20	blu	brn	none	YES NO	fair	
BEARD	SCARS	MARKS		TATTOOS		AMPUTATIONS		DEFORMITIES			
<input type="checkbox"/> Y <input type="checkbox"/> N											
MUSTACHE											
<input type="checkbox"/> Y <input type="checkbox"/> N											
ADDRESS				CITY				STATE ZIP			
SAME AS ABOVE											
MOTHER		PHONE		NOTIFIED BY		DATE		TIME			
SSN		MULT. L		LA #		MAIN #		CII #		FBI #	
STATE											
BY (PRINT NAME)		SIGNATURE		RELATIONSHIP		PHONE		DATE			
MOTHER AT HOSPITAL		X						95			
PLACE OF DEATH/PLACE FOUND		ADDRESS OR LOCATION		CITY		ZIP					
PLACE OF INJURY		AT WORK		DATE		LOCATION OR ADDRESS		ZIP			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		95		BLVD OFFRAMP OF N/B FRWY					
street		FND		TIME		FOUND BY		NOTIFIED BY			
95		1450		FROM B				NO			
DESCRIBE SCENE AND CONTACT MATERIAL TO BODY <input checked="" type="checkbox"/> HOSPITALIZED CASE											
TIME		DATE		DESCRIBE LIVOR MORTIS							
AIR °F				N/A							
/ER °F				DESCRIBE RIGOR MORTIS							
WATER °F				N/A							
TRANSPORTED BY:				TO: FSC <input checked="" type="checkbox"/>				DATE			
				AVRO <input type="checkbox"/>				TIME			
				SCVRO <input type="checkbox"/>				95 1215			
YES NO		YES NO		PA RPT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MEC SEAL		PA SEAL		MORTUARY	
PRINTS <input type="checkbox"/> <input checked="" type="checkbox"/>		CLOTHING <input type="checkbox"/> <input checked="" type="checkbox"/>									
FED. EV. <input type="checkbox"/> <input checked="" type="checkbox"/>		INVEST. PHOTO # <input type="checkbox"/> <input checked="" type="checkbox"/>									
IYS. EV. <input type="checkbox"/> <input checked="" type="checkbox"/>				PROP. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HOSP. RPT. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		HOSP. CHART YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MORT RPT <input type="checkbox"/> <input checked="" type="checkbox"/>	
SUICIDE NOTE <input type="checkbox"/> <input checked="" type="checkbox"/>		GSR NO <input checked="" type="checkbox"/>		RO <input checked="" type="checkbox"/>		PF NO.				RELEASE <input type="checkbox"/> <input checked="" type="checkbox"/>	
VITALS <input type="checkbox"/> <input checked="" type="checkbox"/>											
NOPSIS: INFORMATION FROM OFFICER PRIETO & HOSPITAL RECORDS INDICATES THAT THE MOTHER OF THE DECEDENT WAS DRIVING HER VEHICLE, WITHOUT HER LICENSE, WHEN SHE APPARENTLY RAN A RED LIGHT & STRUCK ANOTHER VEHICLE HEAD ON. THE DECEDENT WAS IN A CAR SEAT, BUCKLED IN, & FACING THE REAR OF THE VEHICLE. THE IMPACT OF THE COLLISION CAUSED THE AIR BAG TO DEPLOY. EITHER THE IMPACT OF THE COLLISION OR THE AIR BAG CAUSED THE CAR SEAT TO BRAKE & THE DECEDENT SUFFERED MAJOR HEAD TRAUMA. 9-1-1 WAS CALLED & THE DECEDENT WAS TRANSPORTED TO THE HOSPITAL, WHERE SHE UNDERWENT SURGERY & EXPIRED. THE DECEDENT WAS IN THE RIGHT FRONT PASSENGER SIDE, UNKNOWN RATE OF SPEED FOR THE VEHICLE.											
INVESTIGATOR						DATE		TIME		REVIEWED	
						1995		1930			

FORM #3 NARRATIVE TO FOLLOW? ☐ YES ☒ NO

BEST AVAILABLE COPY



5

DEPARTMENT OF CORONER COUNTY OF ~~LOS ANGELES~~*Please read and answer all questions before signing*

WAS THE DECEDENT LEGALLY MARRIED

AT THE TIME OF DEATH? ..... NODOES THE DECEDENT HAVE ANY LIVING CHILDREN? ..... NO*Favor de leer y contestar todas las preguntas antes de firmar**¿El Finado tiene hijos vivos?* .....*¿El Finado ha sido casado legalmente?* .....Case N  
Case

Date

U

1/1/95

## HEALTH AND SAFETY CODE • CHAPTER 3 • CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving child or children of the decedent. (c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (e) The Public Administrator when the deceased has sufficient assets.

**"WARNING: The person signing this Order for Release is liable for all damages caused by any untruthful statements contained in this document. (Health and Safety Code Section 7110). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 470)"** Therefore, please release the body upon:

MORTUARY: ~~\_\_\_\_\_~~SIGNATURE: ~~\_\_\_\_\_~~Address: ~~\_\_\_\_\_~~Telephone: ~~\_\_\_\_\_~~

Relationship

FATHER

Zip Code

Date Signed

1/1/95

If not next of kin, sign above and explain why next of kin is not handling. If the executor, attach a copy of the will.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CODIGO DE SANIDAD Y SEGURIDAD • CAPITULO 3 • Custodia y Obligacion de Entierro

7100. El derecho de controlar la disposicion de los restos del finado a menos de que otras instrucciones hayan sido dadas por el finado, dar autoridad, y el deber del entierro y la responsabilidad por el gasto justo de entierro de tales restos pasa sobre lo siguiente en el orden nombrado, (a) esposo o esposa (b) hijo o hijos del finado (c) padre o padres del finado (d) persona o personas respectivamente en los grados de parentesco en el orden nombrado por las leyes de California como que tiene derecho se suceder al los bienes del finado (e) El Administrador Publico cuando el finado tiene suficiente bienes.

**"AVISO: La persona firmando esta orden para cesion es sujeto por todos los perjuicios causado por alguna falsa declaracion contenido en este documento. (Seccion 7110 DelCodigo De Sanidad y Seguridad) Es una ofensa criminal presenta al proposito falsos testimonio con una agencia del gobierno. (Codigo De Pena Seccion 115 y 470)".** Por eso, favor de entregar los restos del finado despues de completar la investigacion a:

FUNERARIA: \_\_\_\_\_

Firma \_\_\_\_\_ Parentesco \_\_\_\_\_

Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zona Postal \_\_\_\_\_

Telefono \_\_\_\_\_ Fecha Firmada \_\_\_\_\_

Si no es el pariente próximo, firme y explique porque el pariente próximo no esta arreglando los trámites en este asunto. Si es el albacea del testamento, incluir una copia del testamento.

Pariente próximo \_\_\_\_\_ Parentesco \_\_\_\_\_

Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Zona Postal \_\_\_\_\_

National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum A B 1 93. Vehicle Number 4 14. Occupant Number 0 3

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 0 3

Code actual age at time of accident.

(00) Less than one year old (specify by month): \_\_\_\_\_

(97) 97 years and older \_\_\_\_\_

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 0 9 7Code actual height to the nearest  
centimeter.

(999) Unknown

38 inches X 2.54 = 0 9 7 centimeters8. Occupant's Weight 0 1 4Code actual weight to the nearest  
kilogram.

(999) Unknown

0 3 1 pounds X .4536 = 0 1 4 kilograms9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 2 3

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

4

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

4

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

4

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

4

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_

\_\_\_\_\_  
(9) Unknown

## 17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 1 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 4

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 4

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 4

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 4

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 4

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 1

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function φ

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment φ

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First φ

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System φ

Failure?

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 4  
 (0) Not equipped/not available  
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
 (3) One previous accident with deployment  
 (4) More than one previous accident with at least one deployment  
 (8) Previous accidents, unknown deployment status  
 (9) Unknown

36. Type of Air Bag 4  
 (0) Not equipped/not available  
 (1) Original manufacturer installed system  
 (2) Retrofitted air bag  
 (3) Replacement air bag  
 (8) Unknown type of air bag  
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 4  
 (0) Not equipped/not available  
 (1) No prior maintenance  
 (2) Yes, prior maintenance (specify):  
 \_\_\_\_\_  
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 4 4  
 (00) Not equipped/not available  
 \_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
 (96) Deployed, unknown event  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

39. CDC For Air Bag Deployment Impact 4  
 (0) Not equipped/not available  
 (1) Highest delta V  
 (2) Second highest delta V  
 (3) Other non-coded delta V (specify):  
 \_\_\_\_\_  
 (6) Deployed, unknown event  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + - 4 4 4  
 (-000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
 (-996) Deployment, unknown longitudinal Delta V  
 (-997) Not deployed  
 (-998) Unknown if deployed  
 (-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes  
 (3) Deployed, unknown if flap(s) opened at designated tear points  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if air bag module cover flap(s) damaged  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

43. Was There Damage To The Air Bag? 4 4  
 (00) Not equipped/not available  
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
 (03) Cut  
 (04) Torn  
 (05) Holed  
 (06) Burned  
 (07) Abraded  
 (88) Other damage (specify):  
 \_\_\_\_\_  
 (95) Damaged, details unknown  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown



**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*
**HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 4 4  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 0 5  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact  $\phi$  1

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

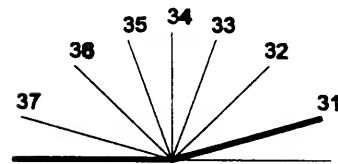
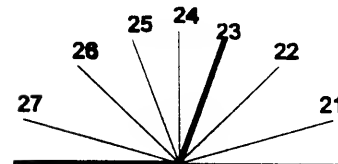
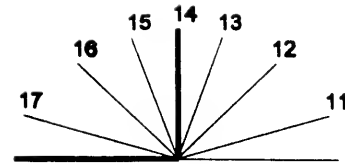
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

- (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion,  
     (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 3 2 1

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 4

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 2

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1 259. Child Safety Seat Shield Usage 1 260. Child Safety Seat Tether Usage 0 3

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)**     ϕ    

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality**     ϕ    

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)**     ϕ    

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**64. Hospital Stay**     ϕ         ϕ    

- (00) Not Hospitalized  
\_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost**     9         7    

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 0 0  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 0 0
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 0 0  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 0 0  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 0 0  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



## GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

## VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify):

TOYOTA

Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.

(99) Unknown

6. Vehicle Model (specify):

COROLLA SR-5

Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.

(999) Unknown

7. Body Type

Note: Applicable codes may be found on  
the back of this page.

8. Vehicle Identification Number

J T Z A E B 6 5 7 F 0 X X X X X X

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

## OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means  
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit  
in kmph

(999) Unknown

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied  
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source:

15. Police Reported Other Drug Presence For  
Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not  
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown



# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

## PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

(5) \_\_\_\_\_  
Unknown type of junction

(9) Unknown

20. Trafficway Flow 3

- (0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 1

- (1) Level *x 1.6 %*  
(2) Uphill grade (>2%)  
(3) Hill crest  
(4) Downhill grade (>2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 1

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device  
(1) Traffic control device not functioning (specify) \_\_\_\_\_  
:  
(2) Traffic control device functioning properly  
(9) Unknown

## PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 41
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): \_\_\_\_\_
- (04) By moving object in vehicle (specify): \_\_\_\_\_
- (05) While talking or listening to cellular phone (specify location and type of phone): \_\_\_\_\_
- (06) While dialing cellular phone (specify location and type of phone): \_\_\_\_\_
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_
- (09) While using other device/object in vehicle (specify): \_\_\_\_\_
- (10) Sleepy or fell asleep
- (11) Distracted by outside person, object, or event (specify): \_\_\_\_\_
- (12) Eating or drinking
- (13) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): \_\_\_\_\_
- (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 1 1
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): \_\_\_\_\_
- (99) Unknown
32. Critical Precrash Event 66
- This Vehicle Loss of Control Due To:*
- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian, Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

33. Attempted Avoidance Maneuver 6 1

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 8 2

(Note: Applicable codes on back of this page)

- (00) No impact  
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

**STOP HERE IF GV07 DOES NOT EQUAL 01 - 49**

## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 03  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 03

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 1  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1 020  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown

\_\_\_\_\_ lbs X .4536 = 1 016 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 9 990  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown

\_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

## ROLLOVER DATA

45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify):  
 (98) Rollover—end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify):  
 (98) Rollover—end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover—end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 (6) Non-contact rollover forces (specify):  
 (8) Rollover—end-over-end  
 (9) Unknown
50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover—end-over-end  
 (9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover  
(01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over  
(32) No rollover impact initiation (end-over-end)  
(34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
(51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
(52) Pole or post ( $> 30$  cm in diameter)  
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier  
(55) Impact attenuator  
(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle  
not in-transport  
(71) Medium/heavy truck or bus not in-transport  
(76) Animal  
(77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

**OVERRIDE/UNDERRIDE (THIS VEHICLE)****ACCIDENT RECONSTRUCTION PROGRAMS  
HIGHEST DELTA V**51. Front Override/Underride (this Vehicle) φ52. Rear Override/Underride (this Vehicle) φ

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underide

*Override (see specific CDC)*

*[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*

- (1) 1st CDC  
(2) 2nd CDC  
(3) Other not automated CDC (specify):  
\_\_\_\_\_

*Underride (see specific CDC)*

*[Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)]*

- (4) 1st CDC  
(5) 2nd CDC  
(6) Other not automated CDC (specify):  
\_\_\_\_\_

- (7) Medium/heavy truck or bus override (of any configuration)

- (9) Unknown

**HEADING ANGLE AT IMPACT FOR  
HIGHEST DELTA V**

Values: (000)-(359) Code actual value

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 3 4 554. Heading Angle For Other Vehicle φ 8 5**RECONSTRUCTION DATA**55. Towed Trailing Unit φ

- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle φ

- (0) No  
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) φ

- (0) Not collision (for highest delta V) with tree or pole  
(1) Not damaged  
(2) Cracked/sheared  
(3) Tilted <45 degrees  
(4) Tilted ≥45 degrees  
(5) Uprooted tree  
(6) Separated pole from base  
(7) Pole replaced  
(8) Other (specify):  
\_\_\_\_\_

- (9) Unknown

58. Basis for Total (Resultant) Delta V (highest) φ 1

- (00) No vehicle inspection

*Delta V Calculated*

- (01) Reconstruction program  
-damage only routine  
(02) Reconstruction program  
-damage and trajectory routine  
(03) Missing vehicle algorithm

*Delta V Not Calculated*

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

*All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*

- (05) Rollover  
(06) Other non-horizontal forces  
(07) Sideswipe type damage  
(08) Severe override  
(09) Yielding object  
(10) Overlapping damage  
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

- (98) Other, (specify):  
\_\_\_\_\_



## COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

0 1 110.6

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of  
Delta V+ 0 0 1 Highest1.9

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means greater than  
-0.5 kmph and less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

61. Lateral Component of Delta V

+ 0 1 1 Highest110.6

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and  
less than +0.5 kmph)

(±160) ±159.5 kmph and above

(999) Unknown

62. Energy Absorption

0 9 2 5 0 02540.8

Nearest 100 joules (highest)

Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

9 9 8

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

## DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program  
Results (For Highest Delta V)3

(0) No reconstruction

(1) Collision fits model — results appear  
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear  
reasonable

## OTHER SPEED ESTIMATE

65. Barrier Equivalent  
Speed

Highest

9 9 9

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [ ] YES [x] NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

## ESTIMATED DELTA V

## VEHICLE INSPECTION

66. Estimated Highest Delta V (Researcher Determined)

0

(0) Reconstruction Delta V coded

*Estimated Delta V*

- (1) Less than 10 kmph
- (2)  $\geq 10$  kmph but  $< 25$  kmph
- (3)  $\geq 25$  kmph but  $< 40$  kmph
- (4)  $\geq 40$  kmph but  $< 55$  kmph
- (5)  $\geq 55$  kmph

*Other estimates of damage severity*

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): \_\_\_\_\_
- (3) Complete inspection

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), \*\*\*

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

02

2. Case Number - Stratum

AB 1 9

## VEHICLE IDENTIFICATION

VIN J T 2 A E 8 6 S 7 F 0 x x x x x x Model Year 85Vehicle Make (specify): TOYOTAVehicle Model (specify): COROLLA SPORT SR5

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	LF BUMPER CORNER →		
2	@ LR AXLE		

## CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
	(METRIC)										
1	ABOVE SILL	194	7.0	227.2	0	2.9	3.4	5.8	7.0	0	+97
	(US)										
1	ABOVE SILL	82	2.75	89.4	0	1.1	1.3	2.3	2.75	0	+98.2
	(US)										
2	ABOVE SILL	32.2	ZONE 1								
	(METRIC)										
2	ABOVE SILL	89.4	ZONE 1								

## VEHICLE DAMAGE SKETCH

## TIRE—WHEEL DAMAGE

a. Rotation physically restricted      b. Tire deflated

RF <u>2</u>	RF <u>2</u>
LF <u>1</u>	LF <u>2</u>
RR <u>2</u>	RR <u>2</u>
LR <u>2</u>	LR <u>2</u>

(1) Yes (2) No (8) NA (9) Unk.

## TYPE OF TRANSMISSION

☒ Manual    ☐ Automatic
END SHIFT  $\geq 10$  CM
☐ Yes    ☒ No

## ORIGINAL SPECIFICATIONS

Wheelbase	<u>240</u>	cm
Overall Length	<u>429</u>	cm
Maximum Width	<u>163</u>	cm
Curb Weight	<u>(2240) 1016</u>	kg
Average Track	<u>-</u>	cm
Front Overhang	<u>90</u>	cm
Rear Overhang	<u>100</u>	cm
Undeformed End Width	<u>NA</u>	cm
Engine Size: cyl./displ.	<u>-</u>	L

WHEEL STEER ANGLES  
(For locked front wheels or displaced rear axles only)RF  $\pm$  \_\_\_\_\_ °LF  $\pm$   $\phi$  °RR  $\pm$  \_\_\_\_\_ °LR  $\pm$  \_\_\_\_\_ °Within  $\pm 5$  degrees

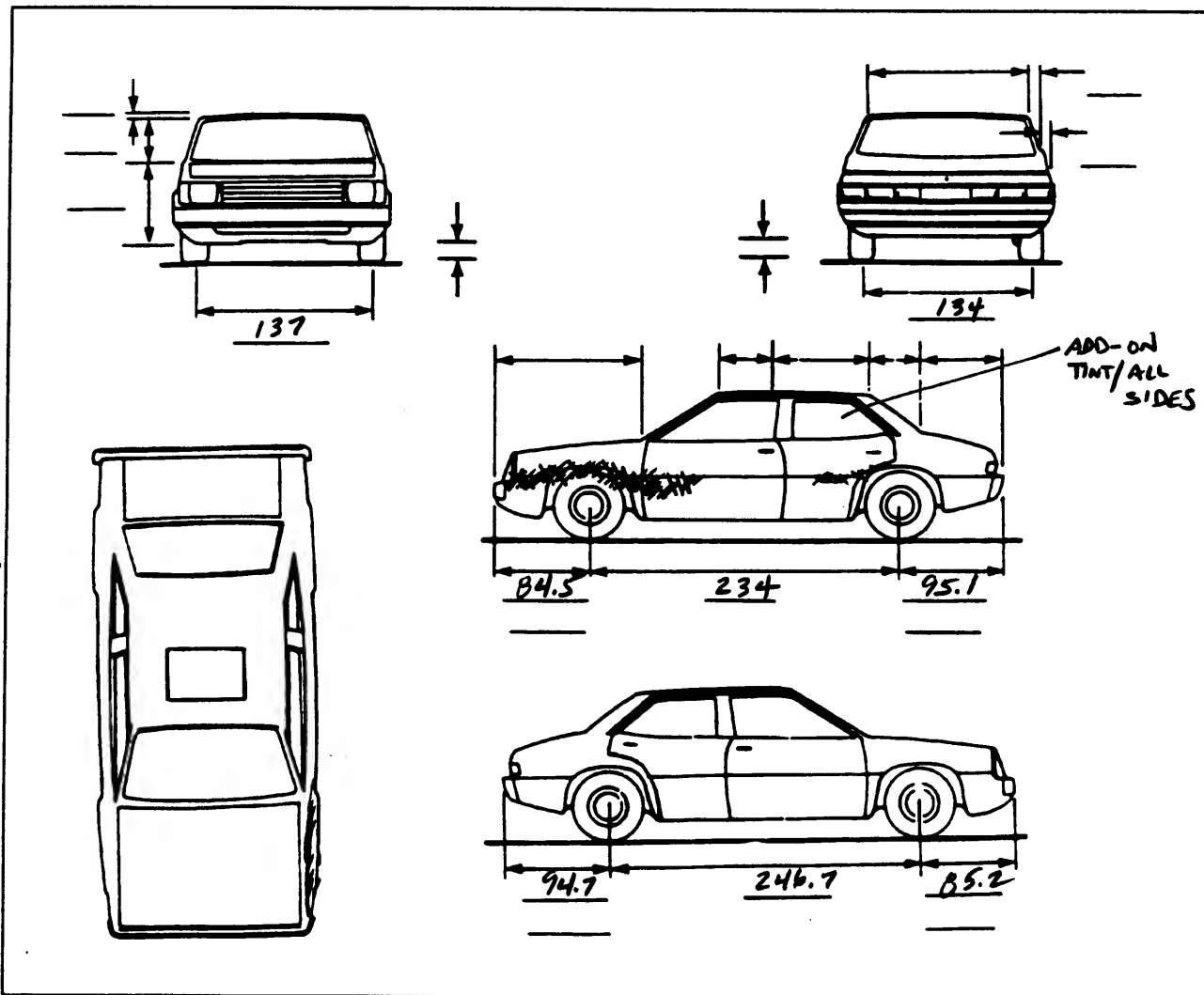
## DRIVE WHEELS

☐ FWD    ☒ RWD    ☐ 4WD

 Approximate Cargo Weight NONE VISIBLE kg

## MEASUREMENTS IN CENTIMETERS

BY STEERING ARM



NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.) If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u>φ 1</u>	6. <u>φ 9</u>	7. <u>L</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>φ 2</u>

## Second Highest Delta "V"

12. <u>φ 2</u>	13. <u>φ 1</u>	14. <u>φ 9</u>	15. <u>L</u>	16. <u>P</u>	17. <u>E</u>	18. <u>W</u>	19. <u>φ 1</u>
----------------	----------------	----------------	--------------	--------------	--------------	--------------	----------------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>2 2 7</u>	<u>φ φ φ</u>	<u>φ φ 3</u>	<u>φ φ 3</u>	<u>φ φ 6</u>	<u>φ φ 7</u>	<u>φ φ 9</u>	<u>⊕ φ 9 7</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.) 9 9 8  
 \_\_\_\_\_ Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (998) No highest severity end plane impact  
 (999) Unknown

27. Direct Damage Width  
(For highest severity impact) 1 9 4  
 \_\_\_\_\_ Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (999) Unknown

28. Original Wheelbase 2 4 4  
 \_\_\_\_\_ Code to the nearest centimeter  
 (650) 650 centimeters or more  
 (999) Unknown  
 \_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

29. Original Average Track Width 1 3 5  
 \_\_\_\_\_ Code to the nearest centimeter  
 (185) 185 centimeters or more  
 (999) Unknown  
 \_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

**FUEL SYSTEM**

30. Are CDCs Documented but Not Coded on The Automated File? φ

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle Disposition 1

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? φ

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications (specify): \_\_\_\_\_

(Include photograph of CERTIFICATION PLACARD in case report)

- (9) Unknown if vehicle is modified

**FIRE OCCURRENCE**

33. Fire Occurrence φ

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire φ

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 3

36. Location of Fuel Tank-2 Filler Cap φ

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle) on left side plane  
(3) Aft of center of the rear wheels (rear axle) on right side plane  
(4) Forward of center of the rear wheels (rear axle) on left side plane  
(5) Forward of center of the rear wheels (rear axle) on right side plane  
(6) Over the center of the rear wheels (rear axle) on left side plane  
(7) Over the center of the rear wheels (rear axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1 2

38. Type of Fuel Tank-2 φ

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1 1

40. Location of Fuel Tank-2 φ

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle) centered  
(2) Aft of center of the rear wheels (rear axle) left side  
(3) Aft of center of the rear wheels (rear axle) right side  
(4) Forward of center of the rear wheels (rear axle) centered  
(5) Forward of center of the rear wheels (rear axle) left side  
(6) Forward of center of the rear wheels (rear axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1 1

42. Damage to Fuel Tank-2 φ

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown



<p>43. Leakage Location of Fuel System-1 <span style="float: right;"><u>1</u></span></p> <p>44. Leakage Location of Fuel System-2 <span style="float: right;"><u>φ</u></span></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <span style="float: right;"><u>φ 1</u></span></p> <p>46. Fuel Type-2 <span style="float: right;"><u>φ φ</u></span></p> <p><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <span style="float: right;"><u>φ</u></span></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u> (2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____ (3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):  Type of tank _____  Tank location _____  Filler cap location _____  Tank damage _____  Location of leakage _____  Type of fuel _____  (9) Unknown if more than two tanks</p>
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">COMMENTS</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 19

3. Vehicle Number

02

## INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

00

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

## Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch  
Opening in Collision. If IV05-IV09 ≠ 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

## Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,  
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

## GLAZING

## Type of Window/Windshield Glazing

15. WS 1 16. LF 4 17. RF 4 18. LR 4 19. RR 420. BL 4 21. Roof 2 22. Other 0

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

## Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 128. BL 1 29. Roof 2 30. Other 0

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

## Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 136. BL 1 37. Roof 1 38. Other 0

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact  
forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

## Glazing Damage from Occupant Contact

39. WS 1 40. LF 2 41. RF 1 42. LR 1 43. RR 144. BL 1 45. Roof 1 46. Other 0

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant  
contact and not holed by occupant contact(6) Glazing out-of-place by occupant contact and holed by occupant  
contact

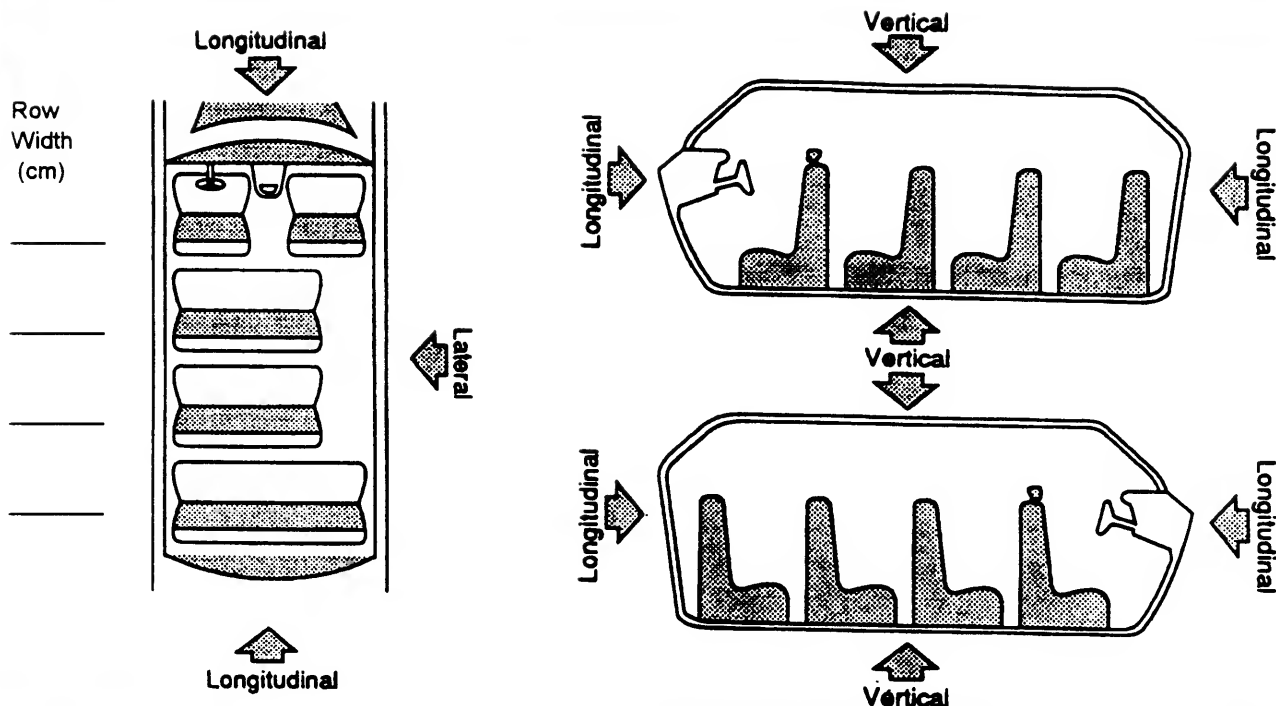
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION	
		COMPARISON VALUE	—	INTRUDED VALUE	=		
LF	SIDE PANEL (SILL/FRAME)	43	—	36	=	7	LAT.
LF	LOWER A. PILLAR	45	—	41	=	4	LAT.
LF	DOOR	8	—	2	=	6	LAT.
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify):

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 1 1	48. 1 8	49. 1	50. 3
2nd	51. 1 1	52. 0 6	53. 1	54. 3
3rd	55. 1 1	56. 1 1	57. 1	58. 3
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

## Front Seat

- (11) Left
- (12) Middle
- (13) Right

## Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

## Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify)

(99) Unknown

## Third Seat

- (31) Left
- (32) Middle
- (33) Right

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

## STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

88. Tilt Steering Column Adjustment 1

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment φ

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation φ φ

\_\_\_\_\_ Code actual measured

deformation to the nearest centimeter

- (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation φ φ

(00) No steering rim deformation

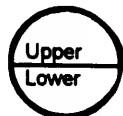
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

## INSTRUMENT PANEL

92. Odometer Reading 2 2 9,000

\_\_\_\_\_ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

1 4 2 φ φ 4 miles X 1.6093 = 2 2 8 5 2 7 kilometers

Source: VEH. INSPECTION

93. Instrument Panel Damage from Occupant Contact? φ

- (0) No  
 (1) Yes  
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment φ

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)

- ☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify): \_\_\_\_\_

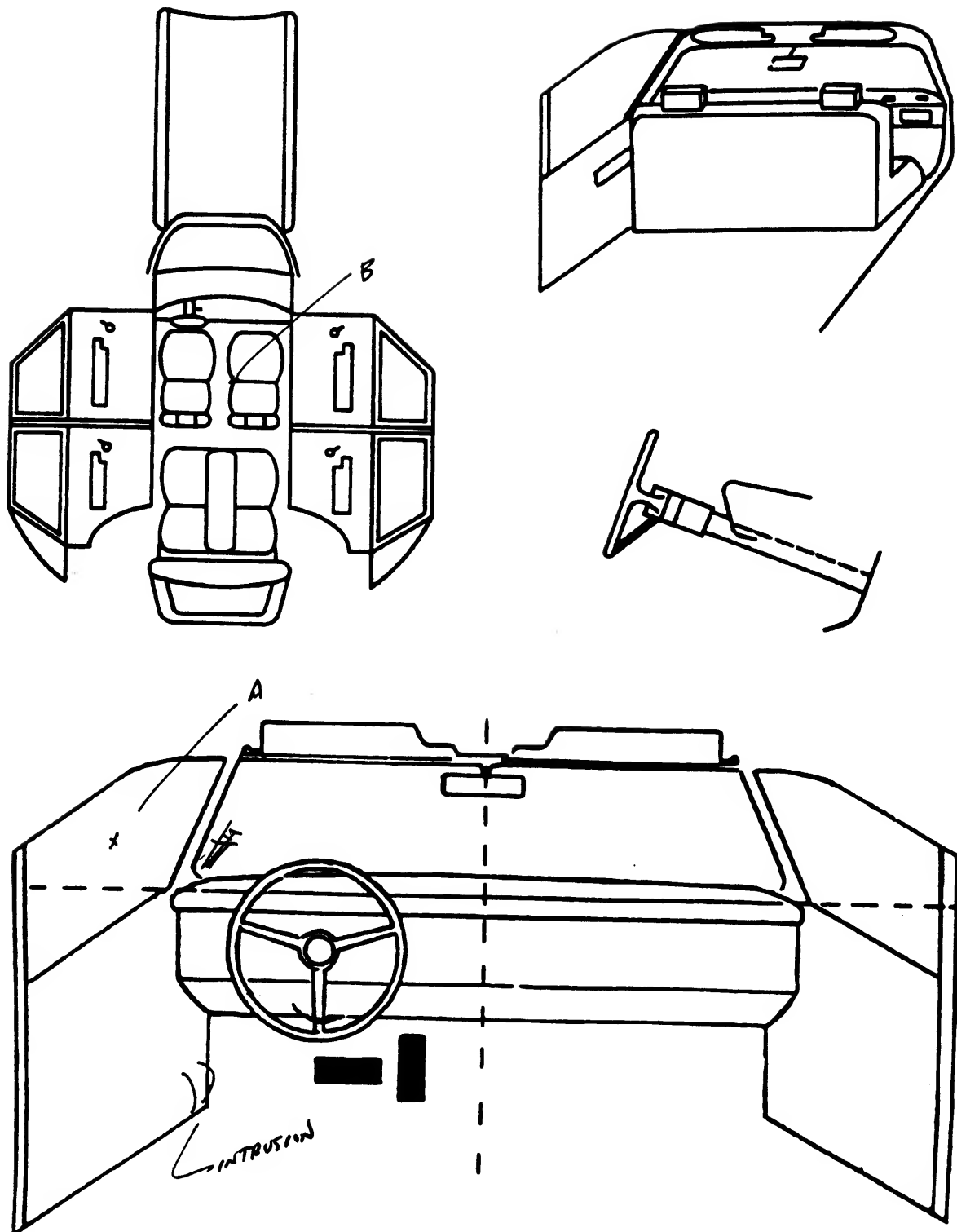
☐ Additional or relocated switches (specify): \_\_\_\_\_

- ☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.



## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	φ56	φ1	FACE	LIPSTICK PRINT	1
B	152	φ2	-	CRACKED	2
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tapedeck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object, (specify):
- (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

# MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	/	4
	Evidence of usage	04		04
	Used in this crash?	YES		YES
	Proper Use	YES		YES
	Failure Modes	1		1
	Anchorage Adjustment	1		1
SECOND	Availability	3	φ	3
	Evidence of usage	YES		YES
	Used in this crash?	NO		NO
	Proper Use	φ		φ
	Failure Modes	φ		φ
	Anchorage Adjustment	φ		φ
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

- (9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed

- (01) Inoperable (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of manual belt system (specify): \_\_\_\_\_

- (9) Unknown

## Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other manual belt failure (specify): \_\_\_\_\_

- (9) Unknown

## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left Front	Right Front	Other
<b>F I R S T</b>	Availability/Function			
	Deployment			
	Failure			

<b>Air Bag System Availability/Function</b> (0) Not equipped/not available (1) Air bag  <i>Non-functional</i> (2) Air bag disconnected (specify): _____  (3) Air bag not reinstalled (9) Unknown	<b>Frontal Air Bag System Deployment (This Occupant Position)</b> (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, accident sequence undetermined (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	<b>Air Bag(s) Deployment, <u>Other</u> Than First Seat Frontal (This Occupant Position)</b> (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
--	--	---

<b>Are There Indications of Air Bag System Failure? (This Occupant Position)</b> (0) Not equipped/not available (1) No (2) Yes (specify): _____  (9) Unknown		
---	--	--

### AUTOMATIC BELTS

		Left	Right
<b>F I R S T</b>	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

<b>Automatic (Passive) Belt System Availability/Function</b> (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  <i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown	<b>Proper Use of Automatic (Passive) Belt System</b> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  <i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or  automatic shoulder belt used improperly with child safety seat (specify): _____  (8) Other improper use of automatic belt system (specify): _____ (9) Unknown	<b>Automatic (Passive) Belt Failure Modes During Accident</b> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____  (6) Broken retractor (7) Combination of above (specify): _____ (8) Other automatic belt failure (specify): _____ (9) Unknown
---	---	--

<b>Automatic (Passive) Belt System Use</b> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown		
--	--	--

<b>Automatic (Passive) Belt System Type</b> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown		
--	--	--

# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?		
Flaps open at tear points?		
Flaps damaged?		
Air bag damaged?		
Source of air bag damage		
Air bag tethered?		
Air bag have vent ports?		
Other occupant contact air bag?		
Occupant wearing eyewear?		

## Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

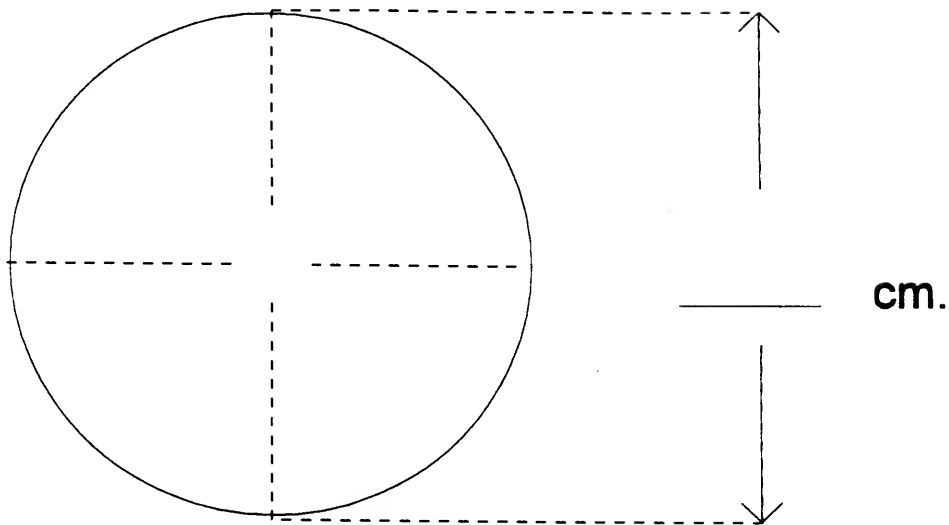
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## Was This Occupant Wearing Eye-wear?

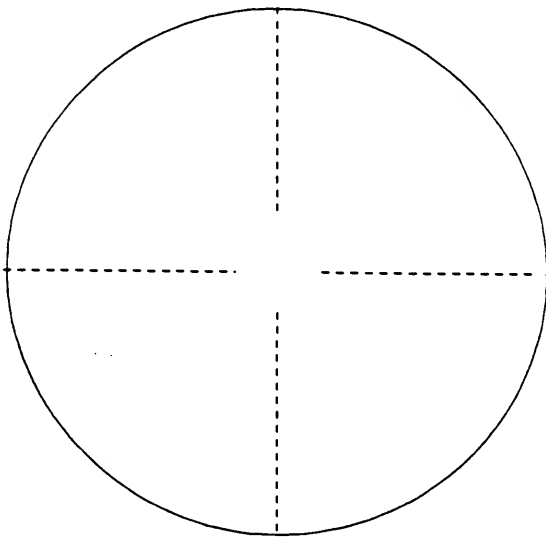
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



## DRIVER AIR BAG SKETCHES (Cont'd)

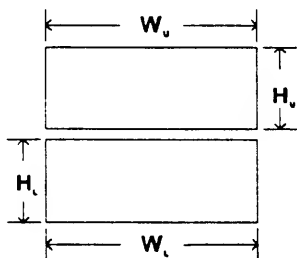
### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

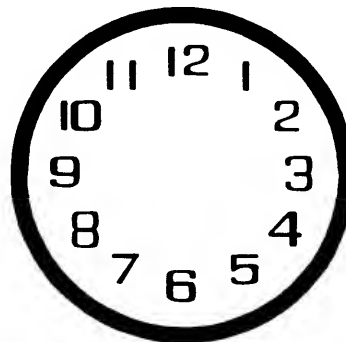
height ( $H_U$ ) \_\_\_\_\_ height ( $H_L$ ) \_\_\_\_\_



### 4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

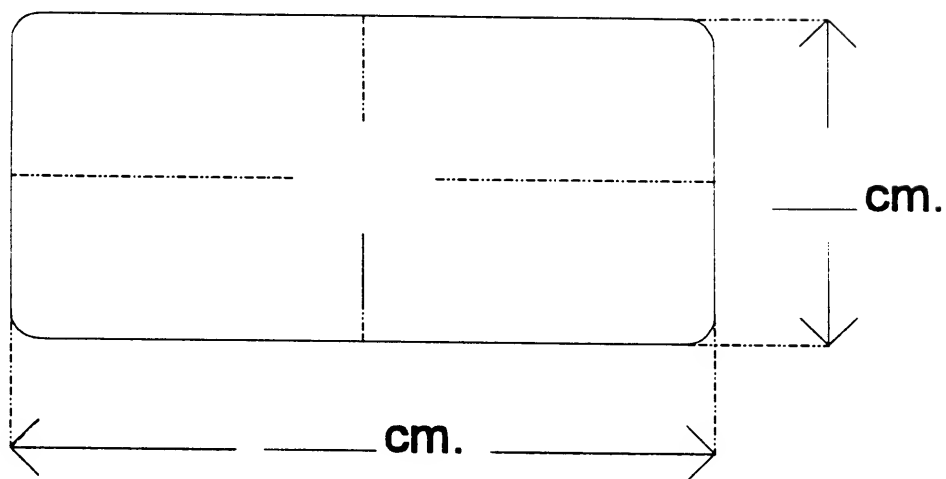
### 5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

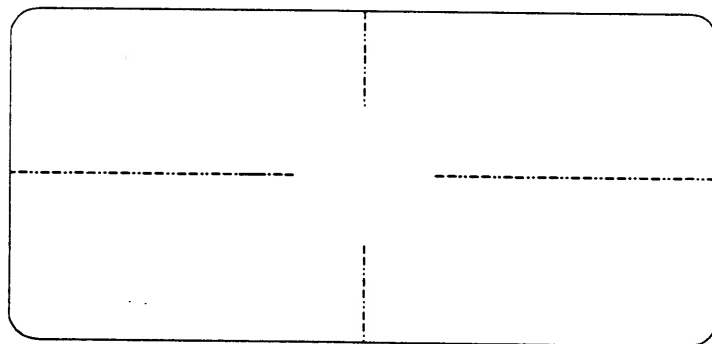


## PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)





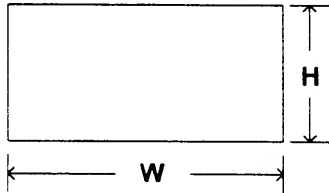
## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

#### a. Flap

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

#### a. Upper Flap

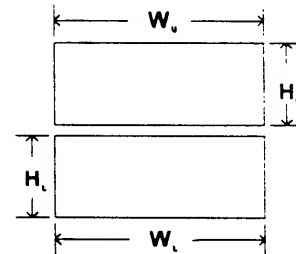
#### b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_U$ ) \_\_\_\_\_

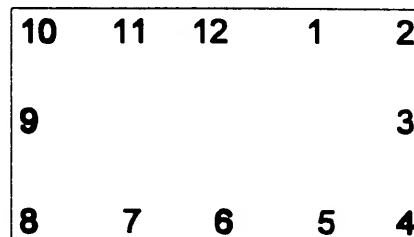
height ( $H_L$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	42		42
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	2		6
	Seat Back Incline Pre/Post Impact	23		23
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	01	01	01
	Seat Back Incline Pre/Post Impact	01	01	01
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

## HEAD RESTRAINTS/SEAT EVALUATION

**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other  
Specify: \_\_\_\_\_
- (9) Unknown

**Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

**Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**Seat Track Adjusted Position Prior To Impact**

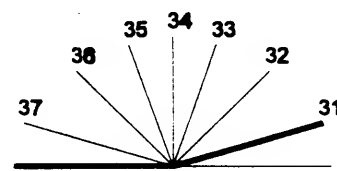
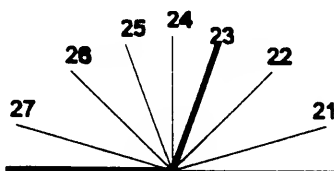
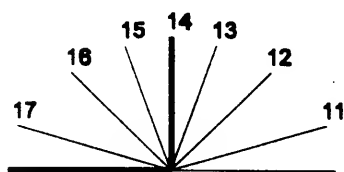
- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track**
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable
- Upright prior to impact**
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position
- Slightly reclined prior to impact**
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- 
- (8) Unknown child safety seat type
  - (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- 
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- 
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- 
- (29) Unknown orientation

- (99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

### 5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

### 6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

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**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ☒ ] Yes [ ☐ ]

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

- (9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☒ ] Yes [ ☐ ]

Describe entrapment mechanism: \_\_\_\_\_

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Component(s): \_\_\_\_\_

(Note in vehicle interior diagram)



National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

60 inches X 2.54 = 152 centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

130 pounds X .4536 = 59 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify):

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_

\_\_\_\_\_  
(9) Unknown

## 17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
☒ Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function φ  
(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment φ  
(This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function φ  
(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? φ  
(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? ϕ

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag ϕ

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? ϕ

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number ϕ ϕ

- (00) Not equipped/not available  
\_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact ϕ

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag Deployment Impact - ϕ ϕ ϕ

- (-000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
(-996) Deployment, unknown longitudinal Delta V  
(-997) Not deployed  
(-998) Unknown if deployed  
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? ϕ

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? ϕ

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? ϕ ϕ

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

## HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage φ 4  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) φ 2  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2 3

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

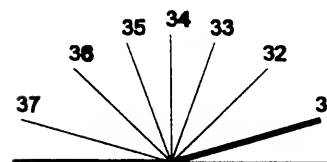
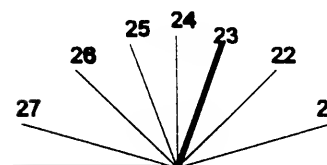
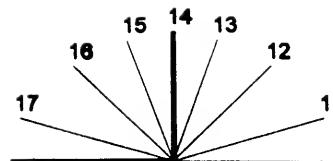
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

- (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion,  
     (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown



## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model               

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat          

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation          

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage          59. Child Safety Seat Shield Usage          60. Child Safety Seat Tether Usage          

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 9 9

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 9 9

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 0 0  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 0 0
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 0 0  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured
- "complaint of pain"*

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 0 0  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 0 0  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used

National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum A B 1 93. Vehicle Number 024. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 36

Code actual age at time of accident.

(00) Less than one year old (specify by month): \_\_\_\_\_

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight 999Code actual weight to the nearest  
kilogram.

(999) Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

## 17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## 14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use Φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function Φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use Φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type Φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System Φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident Φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function φ

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [X] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

30. Frontal Air Bag System φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment φ

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First φ

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System φ

Failure?

(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown



## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? φ  
 (0) Not equipped/not available  
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
 (3) One previous accident with deployment  
 (4) More than one previous accident with at least one deployment  
 (8) Previous accidents, unknown deployment status  
 (9) Unknown

36. Type of Air Bag φ  
 (0) Not equipped/not available  
 (1) Original manufacturer installed system  
 (2) Retrofitted air bag  
 (3) Replacement air bag  
 (8) Unknown type of air bag  
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? φ  
 (0) Not equipped/not available  
 (1) No prior maintenance  
 (2) Yes, prior maintenance (specify):  
 \_\_\_\_\_  
 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number φ φ  
 (00) Not equipped/not available  
 \_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
 (96) Deployed, unknown event  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

39. CDC For Air Bag Deployment Impact φ  
 (0) Not equipped/not available  
 (1) Highest delta V  
 (2) Second highest delta V  
 (3) Other non-coded delta V (specify):  
 \_\_\_\_\_  
 (6) Deployed, unknown event  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

40. Longitudinal Component of +  
 Delta V For Air Bag - φ φ φ  
 Deployment Impact  
 (-000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
 (-996) Deployment, unknown longitudinal Delta V  
 (-997) Not deployed  
 (-998) Unknown if deployed  
 (-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes  
 (3) Deployed, unknown if flap(s) opened at designated tear points  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if air bag module cover flap(s) damaged  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

43. Was There Damage To The Air Bag? φ φ  
 (00) Not equipped/not available  
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
 (03) Cut  
 (04) Torn  
 (05) Holed  
 (06) Burned  
 (07) Abraded  
 (88) Other damage (specify):  
 \_\_\_\_\_

- (95) Damaged, details unknown  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

## HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage φ 4  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? φ  
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) φ 2  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

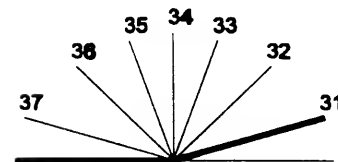
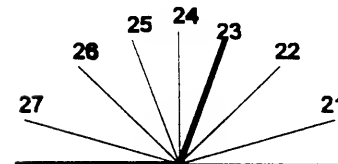
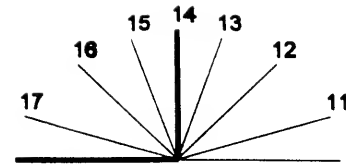
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

- (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion,  
     (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ φ

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage φ φ59. Child Safety Seat Shield Usage φ φ60. Child Safety Seat Tether Usage φ φNote: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 9 9

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 9 9

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 0 0  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 0 0
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 0 0  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 0 0  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 0 0  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used

National Highway Traffic Safety  
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 19

3. Vehicle Number

02

4. Occupant Number

03

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

10

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

999Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

999Code actual weight to the nearest  
kilogram.

(999) Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of  
seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown



## EJECTION/ENTRAPMENT

## 12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_

\_\_\_\_\_  
(9) Unknown

## 17. Occupant Mobility

9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown

19. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

## POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function φ

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [✓] Other (specify):

PAR

[ ] Unknown if belt used

## AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function φ

- (This Occupant Position)  
 (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment φ

- (This Occupant Position)  
 (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function φ

- (This Occupant Position)  
 (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? φ

- (This Occupant Position)  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? ϕ

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag ϕ

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? ϕ

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number ϕ ϕ

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact ϕ

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +  
- ϕ ϕ ϕ

- (-000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
(-996) Deployment, unknown longitudinal Delta V  
(-997) Not deployed  
(-998) Unknown if deployed  
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? ϕ

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? ϕ

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? ϕ ϕ

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION *continued*

## HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage    $\phi$    $\phi$     
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 \_\_\_\_\_  
 (03) Object carried by occupant, (specify):  
 \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify):  
 \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered?    $\phi$     
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports?    $\phi$     
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant?    $\phi$     
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear?    $\phi$     
 (0) Not equipped/not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position    $\phi$     
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position)    $\phi$   5    
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position)   1    
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact   1    
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact  $\phi$  1

- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

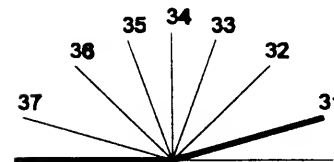
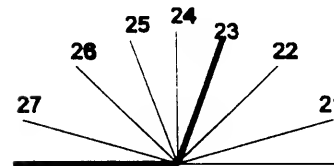
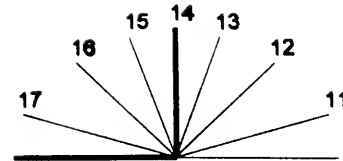
*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position

- (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion,  
     (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model   φ  φ  φ  

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat   φ  

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation   φ  φ  

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage   φ  φ  59. Child Safety Seat Shield Usage   φ  φ  60. Child Safety Seat Tether Usage   φ  φ  Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 99

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 0 9  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 0 9
68. 2nd Medically Reported Cause of Death 0 0
69. 3rd Medically Reported Cause of Death 0 0  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_  
 (97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 0 4  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

COMPLAINT OF  
PAIN TO LEGS/  
MOUTH

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 9 7  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 9  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 9 7  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 0  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Identifying Title	<u>AB19</u>	<u>41</u>	
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

## CRASHPC Vehicle Identification

Vehicle 1	<u>1994</u>	<u>TOYOTA</u>	<u>CAMRY</u>
Vehicle 2	<u>1985</u>	<u>TOYOTA</u>	<u>COROLLA SR-5</u>
	Year	Make	Model
			NASS Veh. No.

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>3</u>	Size	<u>1</u>
Weight	<u>2932</u> + <u>160</u> <u>20</u> <u>31</u> = <u>3143</u> kg	Weight	<u>2239</u> + <u>130</u> <u>176</u> <u>75</u> = <u>2620</u> kg
Curb	Occupant(s)	Curb	Occupant(s)
CDC	<u>1</u> <u>2</u> <u>F</u> <u>D</u> <u>E</u> <u>N</u> <u>1</u>	CDC	<u>4</u> <u>9</u> <u>L</u> <u>Y</u> <u>E</u> <u>N</u> <u>2</u>
PDOF (-180 to +180)	<u>-</u> <u>5</u> <u>°</u>	PDOF (-180 to +180)	<u>-</u> <u>8</u> <u>5</u> <u>°</u>
Stiffness	<u>(9)</u> <u>3</u>	Stiffness	<u>1</u>

## SCENE INFORMATION

Rest and Impact Positions [ ] No, Go To Damage Information [ ] Yes

VEHICLE 1		VEHICLE 2	
Rest Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °	Rest Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °
Impact Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °	Impact Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °
Slip Angle(-180 to +180)	<u>      </u> °	Slip Angle (-180 to +180)	<u>      </u> °

## VEHICLE MOTION

Sustained Contact [ ] No [ ] Yes

VEHICLE 1		VEHICLE 2	
Vehicle Rotation	[ ] No [ ] Yes	Vehicle Rotation	[ ] No [ ] Yes
Rotation Stop Before Rest	[ ] No [ ] Yes	Rotation Stop Before Rest	[ ] No [ ] Yes
End of Rotation Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °	End of Rotation Position	X <u>      </u> m Y <u>      </u> m PSI <u>      </u> °
Curved Path	[ ] No [ ] Yes	Curved Path	[ ] No [ ] Yes
Point on Path	X <u>      </u> m Y <u>      </u> m	Point on Path	X <u>      </u> m Y <u>      </u> m
Rotation Direction	[ ] None [ ] CW [ ] CCW	Rotation Direction	[ ] None [ ] CW [ ] CCW
Rotation >360°	[ ] No [ ] Yes	Rotation >360°	[ ] No [ ] Yes

## National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

## FRICTION INFORMATION

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

## TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes

If No, Go To Damage Information

## Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

## Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °

LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary [ ] No [ ] Yes

## First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

## Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

## DAMAGE INFORMATION

## VEHICLE 1

*75 centes*Damage Length L 55.7 cmCrush Depths C<sub>1</sub> 4 cmC<sub>2</sub> 4 cmC<sub>3</sub> 4 cmC<sub>4</sub> 4 cmC<sub>5</sub> .1 cmC<sub>6</sub> .8 cmDamage Offset D <sup>+</sup> 4 cm

## VEHICLE 2

Damage Length L 89.4 cmCrush Depths C<sub>1</sub> 0 cmC<sub>2</sub> 1.1 cmC<sub>3</sub> 1.3 cmC<sub>4</sub> 2.3 cmC<sub>5</sub> 2.8 cmC<sub>6</sub> 4 cmDamage Offset D <sup>+</sup> +38.2 cm

IF THIS CRASH INVOLVED A TRUCK OR VEHICLE A T/A TRANSPORT, FILL IN THE INFORMATION BELOW

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

## SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

## CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (KPH)	LONG. (KPH)	LAT. (KPH)	ANG. (DEG)
	VEH #1	8.8	-8.8	-8	5.0
	VEH #2	10.6	-9	10.6	-85.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 11967.1 JOULES VEH#2: 2540.8 JOULES

SUMMARY OF DAMAGE DATA  
VEHICLE # 1(\* INDICATES DEFAULT VALUE)  
VEHICLE # 2

TYPE-----CATEGORY 3  
 STIFFNESS---CATEGORY 9  
 WEIGHT----- 1425.7 KGS  
 CDC-----12FDEW1  
 L----- 141.5 CM.  
 C1----- .0 CM.  
 C2----- .0 CM.  
 C3----- .0 CM.  
 C4----- .0 CM.  
 C5----- .3 CM.  
 C6----- 2.0 CM.  
 D----- .0 CM.  
 RHO----- 1.00 \*  
 ANG----- 5.0 DEG.  
 D'----- 57.5 CM.

TYPE-----CATEGORY 1  
 STIFFNESS---CATEGORY 1  
 WEIGHT----- 1188.4 KGS  
 CDC-----09LYEW2  
 L----- 227.1 CM.  
 C1----- .0 CM.  
 C2----- 2.8 CM.  
 C3----- 3.3 CM.  
 C4----- 5.8 CM.  
 C5----- 7.1 CM.  
 C6----- .0 CM.  
 D----- 97.0 CM.  
 RHO----- 1.00 \*  
 ANG----- -85.0 DEG.  
 D'----- 115.5 CM.

## DIMENSIONS AND INERTIAL PROPERTIES

A1 = 130.3 CM.  
 B1 = 141.0 CM.  
 TR1 = 149.6 CM.  
 I1 = 306898.4 NEWT-SEC\*\*2-CM  
 M1 = 14.311 NEWT-SEC\*\*2/CM  
 XF1 = 228.1 CM.  
 XR1 = -270.3 CM.  
 YS1 = 92.2 CM.

A2 = 114.6 CM.  
 B2 = 122.2 CM.  
 TR2 = 129.8 CM.  
 I2 = 154390.8 NEWT-SEC\*\*2-CM  
 M2 = 11.930 NEWT-SEC\*\*2/CM  
 XF2 = 193.0 CM.  
 XR2 = -212.9 CM.  
 YS2 = 77.2 CM.

## SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

## CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL (MPH)	LONG. (MPH)	LAT. (MPH)	ANG. (DEG)
	VEH #2	5.5	-5.5	-.5	5.0
		6.6	-.6	6.6	-85.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 8825.3 FT-LB. VEH#2: 1873.8 FT-LB.

SUMMARY OF DAMAGE DATA (\* INDICATES DEFAULT VALUE)

VEHICLE # 1	VEHICLE # 2
-------------	-------------

TYPE-----CATEGORY 3	TYPE-----CATEGORY 1
STIFFNESS---CATEGORY 9	STIFFNESS---CATEGORY 1
WEIGHT----- 3143.0 LBS.	WEIGHT----- 2620.0 LBS.
CDC-----12FDEW1	CDC-----09LYEW2
L----- 55.7 IN.	L----- 89.4 IN.
C1----- .0 IN.	C1----- .0 IN.
C2----- .0 IN.	C2----- 1.1 IN.
C3----- .0 IN.	C3----- 1.3 IN.
C4----- .0 IN.	C4----- 2.3 IN.
C5----- .1 IN.	C5----- 2.8 IN.
C6----- .8 IN.	C6----- .0 IN.
D----- .0 IN.	D----- 38.2 IN.
RHO----- 1.00 *	RHO----- 1.00 *
ANG----- 5.0 DEG.	ANG----- -85.0 DEG.
D'----- 22.7 IN.	D'----- 45.5 IN.

## DIMENSIONS AND INERTIAL PROPERTIES

A1 = 51.3 IN.	A2 = 45.1 IN.
B1 = 55.5 IN.	B2 = 48.1 IN.
TR1 = 58.9 IN.	TR2 = 51.1 IN.
I1 = 27164.1 LB-SEC**2-IN	I2 = 13665.4 LB-SEC**2-IN
M1 = 8.172 LB-SEC**2/IN	M2 = 6.812 LB-SEC**2/IN
XF1 = 89.8 IN.	XF2 = 76.0 IN.
XR1 = -106.4 IN.	XR2 = -83.8 IN.
YS1 = 36.3 IN.	YS2 = 30.4 IN.

## SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE NO. AB19 - BARRIER RUN

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #2	14.2	-14.2	-1.2	5.0
		.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 11967.1 JOULES VEH#2: .0 JOULES

SUMMARY OF DAMAGE DATA  
VEHICLE # 1(\* INDICATES DEFAULT VALUE)  
VEHICLE # 2

TYPE-----CATEGORY 3  
 STIFFNESS---CATEGORY 9  
 WEIGHT----- 1425.7 KGS  
 CDC-----12FDEW1  
 L----- 141.5 CM.  
 C1----- .0 CM.  
 C2----- .0 CM.  
 C3----- .0 CM.  
 C4----- .0 CM.  
 C5----- .3 CM.  
 C6----- 2.0 CM.  
 D----- .0 CM.  
 RHO----- 1.00 \*  
 ANG----- 5.0 DEG.  
 D'----- 57.5 CM.

TYPE-----CATEGORY 11  
 STIFFNESS---CATEGORY 0  
 WEIGHT----- 453600.0 KGS \*  
 CDC-----BARRIER  
 L----- .0 CM. \*  
 C1----- .0 CM. \*  
 C2----- .0 CM. \*  
 C3----- .0 CM. \*  
 C4----- .0 CM. \*  
 C5----- .0 CM. \*  
 C6----- .0 CM. \*  
 D----- .0 CM. \*  
 RHO----- 1.00 \*  
 ANG----- .0 DEG. \*  
 D'----- .0 CM.

## DIMENSIONS AND INERTIAL PROPERTIES

A1 = 130.3 CM.  
 B1 = 141.0 CM.  
 TR1 = 149.6 CM.  
 I1 = 306898.4 NEWT-SEC\*\*2-CM  
 M1 = 14.311 NEWT-SEC\*\*2/CM  
 XF1 = 228.1 CM.  
 XR1 = -270.3 CM.  
 YS1 = 92.2 CM.

A2 = 127.0 CM.  
 B2 = 127.0 CM.  
 TR2 = 127.0 CM.  
 I2 = \*\*\*\*\* NEWT-SEC\*\*2-CM  
 M2 = 4553.302 NEWT-SEC\*\*2/CM  
 XF2 = 127.0 CM.  
 XR2 = -127.0 CM.  
 YS2 = 127.0 CM.



## SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CASE NO. AB19 - BARRIER RUN

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #2	8.8	-8.8	-.8	5.0
		.0	.0	.0	.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 8825.3 FT-LB. VEH#2: .0 FT-LB.

SUMMARY OF DAMAGE DATA  
VEHICLE # 1(\* INDICATES DEFAULT VALUE)  
VEHICLE # 2

TYPE-----CATEGORY 3  
 STIFFNESS---CATEGORY 9  
 WEIGHT-----3143.0 LBS.  
 CDC-----12FDEW1  
 L-----55.7 IN.  
 C1-----.0 IN.  
 C2-----.0 IN.  
 C3-----.0 IN.  
 C4-----.0 IN.  
 C5-----.1 IN.  
 C6-----.8 IN.  
 D-----.0 IN.  
 RHO-----1.00 \*  
 ANG-----5.0 DEG.  
 D'-----22.7 IN.

TYPE-----CATEGORY 11  
 STIFFNESS---CATEGORY 0  
 WEIGHT-----1000000.0 LBS. \*  
 CDC-----BARRIER  
 L-----.0 IN. \*  
 C1-----.0 IN. \*  
 C2-----.0 IN. \*  
 C3-----.0 IN. \*  
 C4-----.0 IN. \*  
 C5-----.0 IN. \*  
 C6-----.0 IN. \*  
 D-----.0 IN. \*  
 RHO-----1.00 \*  
 ANG-----.0 DEG. \*  
 D'-----.0 IN.

## DIMENSIONS AND INERTIAL PROPERTIES

A1 = 51.3 IN.  
 B1 = 55.5 IN.  
 TR1 = 58.9 IN.  
 I1 = 27164.1 LB-SEC\*\*2-IN  
 M1 = 8.172 LB-SEC\*\*2/IN  
 XF1 = 89.8 IN.  
 XR1 = -106.4 IN.  
 YS1 = 36.3 IN.

A2 = 50.0 IN.  
 B2 = 50.0 IN.  
 TR2 = 50.0 IN.  
 I2 = 2600104000.0 LB-SEC\*\*2-IN  
 M2 = 2600.104 LB-SEC\*\*2/IN  
 XF2 = 50.0 IN.  
 XR2 = -50.0 IN.  
 YS2 = 50.0 IN.

## TRAFFIC COLLISION REPORT

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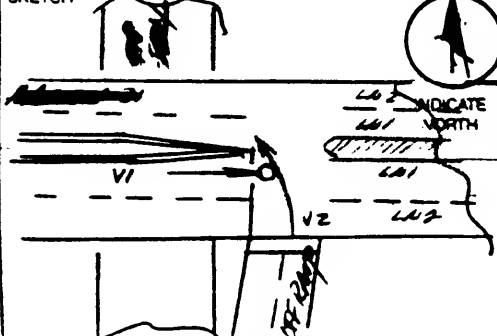
PARTY #	BOOKING OR CITE NO	NO. IN	H&R FELONY			CPD	LBPD No	
PARTY #		NO KILLED	H&R MISO	Injury Accident				
LOCATION	COLLISION OCCURRED ON					DATE DAY	YR	TIME (2400)
							95	1756
	1 AT INTERSECTION WITH							NCIC NO
	2 X OR 5 FEET/MILES W OF							TOW AWAY X YES NO
								STATE HWY RELATED X YES NO
PARTY 1	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY EQUIP	VEH. YR	MAKE/MODEL/COLOR
				CA	C	G		
DRIVER	NAME (FIRST, MIDDLE, LAST)							
X						94	Toyota/Camry/4-dr green	
PEDESTRIAN	STREET ADDRESS					OWNER'S NAME		
						SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP					OWNER'S ADDRESS		
						X SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF
	F	BRN	BRN	5-3	160		BLK	Impounded
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS			
					NONE APPARENT REFER TO NARRATIVE			
	INSURANCE CARRIER		POLICY NUMBER		VIOLATION CHARGED		VEHICLE DAMAGE	
					1		X MOD.	
	DIRECTION OF TRAVEL		ON/ACROSS (STREET OR HIGHWAY)		LANE	SPEED LIMIT	SHADE IN DAMAGED AREA	
	W				1	35	UNK. MOD. MAJOR TOTAL	
PARTY 2	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY EQUIP	VEH. YR	MAKE/MODEL/COLOR
				CA	C	G		
DRIVER	NAME (FIRST, MIDDLE, LAST)							
X						85	Toyota/Crolla/2dr red	
PEDESTRIAN	STREET ADDRESS					OWNER'S NAME		
						X SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP					OWNER'S ADDRESS		
						X SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	DISPOSITION OF VEHICLE ON ORDERS OF
	F	blk	Blk	5-0	130		Blk	
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS			
					NONE APPARENT REFER TO NARRATIVE			
	INSURANCE CARRIER		POLICY NUMBER		VIOLATION CHARGED		VEHICLE DAMAGE	
					1		X MOD.	
	DIRECTION OF TRAVEL		ON/ACROSS (STREET OR HIGHWAY)		LANE	SPEED LIMIT	SHADE IN DAMAGED AREA	
	N				1	35	UNK. MOD. MAJOR TOTAL	
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY EQUIP	VEH. YR	MAKE/MODEL/COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)							
PEDESTRIAN	STREET ADDRESS					OWNER'S NAME		
						SAME AS DRIVER		
PARKED VEHICLE	CITY/STATE/ZIP					OWNER'S ADDRESS		
						SAME AS DRIVER		
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE	DISPOSITION OF VEHICLE ON ORDERS OF
							DAY YEAR	
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS			
					NONE APPARENT REFER TO NARRATIVE			
	INSURANCE CARRIER		POLICY NUMBER		VIOLATION CHARGED		VEHICLE DAMAGE	
					1		X MOD.	
	DIRECTION OF TRAVEL		ON/ACROSS (STREET OR HIGHWAY)		LANE	SPEED LIMIT	SHADE IN DAMAGED AREA	
							UNK. MOD. MAJOR TOTAL	
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE							
	OWNER'S NAME			ADDRESS			HOME/BUSINESS TELEPHONE	
							NOTIFIED	
							YES	

HIT & RUN SUSP. INFORMATION	<b>S-1</b>	SEX	RACE	AGE DOB	HEIGHT	WEIGHT	HAIR	EYES	COMPL.	CLOTHING	
	NAME & ADDRESS IDENTIFYING MARKS & CHARACTERISTICS (IF ARRESTED SUSPS. FULL NAME & BK. NO. ONLY)										
	<b>SUSP. VEH.</b>	OTHER IDENTIFYING FEATURES									
	<b>S-1</b>	SEX	RACE	AGE/DOB	HEIGHT	WEIGHT	HAIR	EYES	COMPL.	CLOTHING	
NAME & ADDRESS IDENTIFYING MARKS & CHARACTERISTICS (IF ARRESTED SUSPS. FULL NAME & BK. NO. ONLY)											

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (1) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			TYPE OF VEHICLE			MOVEMENT PROCEEDING COLLISION		
1	2	3	1	2	3	1	2	3		
1	A VC SECTION VIOLATED CITED 21453a CVC	X	A CONTROLS FUNCTIONING	X	X	A PASSENGER CAR/STA. WGN.			A STOPPED	
	B OTHER IMPROPER DRIVING*		B CONTROLS NOT FUNCTIONING*			B PASSENGER CAR W/TRAILER			B PROCEEDING STRAIGHT	
	C OTHER THAN DRIVER*		C CONTROLS OBSCURED			C MOTORCYCLE/SCOOTER	X		C RAN OFF ROAD	
	D UNKNOWN*		D NO CONTROLS PRESENT/FACTOR*			D PICKUP/PANEL TRUCK			D MAKING RIGHT TURN	
	E FELL ASLEEP*		TYPE OF COLLISION			E PICKUP/PANEL TRK. W/TLR			E MAKING LEFT TURN	
			A HEAD-ON			F TRUCK OR TRUCK TRACTOR	X		F MAKING U TURN	
			B SIDESWIPE			G TRK./TRK. TRACTOR W/TLR			G BACKING	
			C REAR END			H SCHOOL BUS			H SLOWING/STOPPING	
			D BROADSIDE			I OTHER BUS			I PASSING OTHER VEHICLE	
			E HIT OBJECT			J EMERGENCY VEHICLE			J CHANGING LANES	
			F OVERTURNED			K HWY. CONST. EQUIPMENT			K PARKING MANEUVER	
			G VEHICLE/PEDESTRIAN			L BICYCLE			L ENTERING TRAFFIC	
			H OTHER*			M OTHER VEHICLE			M OTHER UNSAFE TURNING	
			MOTOR VEHICLE INVOLVED WITH			N PEDESTRIAN			N XING INTO OPPOSING LANE	
			A NON-COLLISION			O MOPED			O PARKED	
			B PEDESTRIAN			OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)			P MERGING	
			C OTHER MOTOR VEHICLE			A VC SECTION VIOLATION: CITED YES NO			Q TRAVELING WRONG WAY	
			D MOTOR VEH. ON OTHER ROADWAY			B VC SECTION VIOLATION: CITED YES NO			R OTHER*	
			E PARKED MOTOR VEHICLE			C VC SECTION VIOLATION: CITED YES NO			SOBRIETY/DRUG/PHYSICAL (MARK 1 TO 23 ITEMS)	
			F TRAIN			D	X	X	A HAD NOT BEEN DRINKING	
			G BICYCLE			E VISION OBSCUREMENT:			B HBD — UNDER INFLUENCE	
			H ANIMAL:			F INATTENTION*			C HBD — NOT UNDER INFLU.	
			I FIXED OBJECT:			G STOP & GO TRAFFIC			D HBD — IMPAIRMENT UNK.	
			J OTHER OBJECT:			H ENTERING/LEAVING RAMP			E UNDER DRUG INFLU.	
			PEDESTRIAN'S ACTION			I PREVIOUS COLLISION			F IMPAIRMENT — PHYSICAL	
			A NO PEDESTRIAN INVOLVED			J UNFAMILIAR WITH ROAD			G IMPAIRMENT NOT KNOWN	
			B CROSSING IN CROSSWALK AT INTERSECTION			K DEFECTIVE VEH. EQUIP: CITED YES NO			H NOT APPLICABLE	
			C CROSSING IN CROSSWALK — NOT AT INTERSECTION			L UNINVOLVED VEHICLE			I SLEEPY/FATIGUED	
			D CROSSING — NOT IN CROSSWALK			M OTHER*			SPECIAL INFORMATION	
			E IN ROAD — INCLUDES SHOULDER			N NONE APPARENT			A HAZARDOUS MATERIAL	
			F NOT IN ROAD		X	O RUNAWAY VEHICLE				
			G APPROACH/LEAVING SCHOOL BUS							

SKETCH

POINT OF IMPACT:  
(DETERMINED BY)

Position Of Vehicles / Driver #1 Statements

35 FT N OF S CURB OF [REDACTED] COLLISION OCCURRED ON (ST NAME) ST. AV. ETC. N.E.S.W. [REDACTED] WID. 85

5 FT W OF W CURB OF [REDACTED] CROSS STREET (ST NAME) ST. AV. ETC. N.E.S.W. JOG. CLEAR. [REDACTED] WID. 36

TYPE OF CPD  
VEH OR EOP \*

DESCRIBE ITEM AND DAMAGE

DEPT. NAME

SKID MARKS

R/F

L/F

R/R

L/R

NARRATIVE /SUPPLEMENTAL

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CHECK ONE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL		CHECK ONE <input checked="" type="checkbox"/> COLLISION REPORT <input type="checkbox"/> OTHER	
DATE OF ORIGINAL INCIDENT [REDACTED] 95	TIME 1756 hrs	NCIC # [REDACTED]	OFFICER NO. [REDACTED]
CITY/COUNTY/JUDICIAL DISTRICT [REDACTED]		REPORTING DISTRICT/BEAT [REDACTED]	CITATION NUMBER [REDACTED]
LOCATION/SUBJECT A [REDACTED]			
DATE REPORTED [REDACTED] 95		TIME OF DISPATCH (2400) 1801 hrs	TIME OF ARRIVAL (2400) 1807

FACTS:

Filing officer [REDACTED] was dispatched to A [REDACTED] and the [REDACTED] Freeway regarding an injury accident involving two vehicles. While enroute, filing officer was advised, via police radio, the [REDACTED] was on scene, and that one of the parties involved was not breathing. Upon arrival, filing officer contacted [REDACTED] and [REDACTED]. These officers related that upon their arrival, they noted that the right front passenger in vehicle #1 was in a child restraint seat and was having difficulty breathing.

All measurement were measured by assisting officers with a roll-a-tape.

SCENE:

A [REDACTED] is an east-west street with two lanes in each direction and is approximately 84 feet wide with an asphalt surface. The northbound [REDACTED] offramp to A [REDACTED] exits in a northerly direction with two lanes approximately 36 feet wide and has a asphalt surface. The intersection of A [REDACTED] and the offramp from the [REDACTED] is control by a 3-phase traffic signal. West of the offramp, A [REDACTED] is divided by a painted median (double-double) yellow lines approximately 16 feet apart. East of the offramp, [REDACTED] is divided by a raised concrete median.

STATEMENT:

Driver one ([REDACTED]) stated that she was traveling eastbound A [REDACTED] in lane #1 approaching the offramp, when the next thing she knew vehicle #2 was in front of her. Driver one stated that she immediately applied her brakes, but was unable to avoid the collision. Driver one further stated that she did not know what color the light was at the time of the collision.

PREPARER'S NAME: [REDACTED]	I.D. # [REDACTED]	DATE [REDACTED]	REVIEWER'S NAME [REDACTED]	DATE: [REDACTED]
--------------------------------	----------------------	--------------------	-------------------------------	---------------------

CHECK ONE <input checked="" type="checkbox"/> NARRATIVE		SUPPLEMENTAL			CHECK ONE <input checked="" type="checkbox"/> COLLISION REPORT		OTHER
DATE OF ORIGINAL INCIDENT [REDACTED] /95	TIME 1756 hrs	NCIC # [REDACTED]	OFFICER NO. [REDACTED]	L.B.P.D. NUMBER [REDACTED]			
CITY/COUNTY/JUDICIAL DISTRICT [REDACTED]		REPORTING DISTRICT/BEAT [REDACTED]			CITATION NUMBER [REDACTED]		
LOCATION/SUBJECT [REDACTED]							
DATE REPORTED [REDACTED] /95		TIME OF DISPATCH (2400) 1801 hrs			TIME OF ARRIVAL (2400) 1807		

Driver two [REDACTED] stated that she had exited the northbound [REDACTED] freeway and was stopped on the offramp at [REDACTED] at a red light. Once the light turn green, driver two stated that she proceeded into the intersection and proceeded to make left turn to westbound [REDACTED], when vehicle #1 struck her vehicle.

Witness [REDACTED] was interviewed by [REDACTED]  
[REDACTED] For further see follow-up report by [REDACTED].

#### VEHICLES:

Both vehicles one and two were impounded at the City of [REDACTED] located at [REDACTED] m. For further, see vehicle reports numbers: vehicle one [REDACTED] and vehicle two [REDACTED].

#### INJURIES:

[REDACTED] (female Hispanic, DOB [REDACTED]-95) right front passenger in vehicle number one. [REDACTED] was treated at the scene by [REDACTED] and [REDACTED] and [REDACTED] transported [REDACTED] to [REDACTED] where she was treated by [REDACTED] and Dr. [REDACTED] (neural surgeon) for severe head injuries. [REDACTED] was admitted to the [REDACTED] Intensive Care Unit.

[REDACTED] (female Black, 10 years) right rear passenger in vehicle two complain of pain to her legs, and to her mouth.

[REDACTED] (female Black, DOB [REDACTED]-60) complain of pain to her head.

#### CONCLUSION:

Party one [REDACTED] in violation of failure to stop for working red signal [REDACTED]

For further see connecting reports.

Ty [REDACTED]  
D [REDACTED]

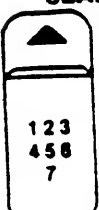
PREPARED BY NAME [REDACTED]	I.D. # [REDACTED]	DATE [REDACTED]	REVIEWER'S NAME [REDACTED]	DATE [REDACTED]
--------------------------------	----------------------	--------------------	-------------------------------	--------------------

## INJURED/WITNESS/PASSENGERS/TRAFFIC COLLISION CODING

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DATE OF COLLISION 12/95		TIME (2400) 1756		VICTIM NUMBER [REDACTED]		OFFICER I.D. [REDACTED]		NUMBER [REDACTED]	
----------------------------	--	---------------------	--	-----------------------------	--	----------------------------	--	----------------------	--

<b>SEATING POSITION</b>  1 - DRIVER 2 TO 5 - PASSENGERS 7 - STA. WGN. REAR 8 - RR. OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER		<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED <b>CHILD RESTRAINT</b> O - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>M/C BICYCLE-HELMET</b> <b>DRIVER</b> V - NO W - YES <b>PASSENGER</b> X - NO Y - YES				<b>EJECTED FROM VEH.</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	
--	--	---	--	--	--	--	--

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	10	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	0	0
NAME				(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]													
ADDRESS				TELEPHONE [REDACTED] HOME/BUSINESS [REDACTED]													
DESCRIBE INJURIES				[REDACTED]													

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	10	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	6	G	0
NAME (D.O.B.)				(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]														
ADDRESS				TELEPHONE [REDACTED] HOME/BUSINESS [REDACTED]														
DESCRIBE INJURIES				[REDACTED]														

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	35	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	G	0
NAME (D.O.B.)				(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]														
ADDRESS				TELEPHONE [REDACTED] HOME/BUSINESS [REDACTED]														
DESCRIBE INJURIES				[REDACTED]														

<input type="checkbox"/> #	<input checked="" type="checkbox"/>	36	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	G	0
NAME (D.O.B.)				(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]														
ADDRESS				TELEPHONE [REDACTED] HOME/BUSINESS [REDACTED]														
DESCRIBE INJURIES				[REDACTED]														

<input checked="" type="checkbox"/> #	<input type="checkbox"/>		M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME (D.O.B.)				(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]														
ADDRESS				TELEPHONE [REDACTED] HOME/BUSINESS [REDACTED]														
DESCRIBE INJURIES				[REDACTED]														

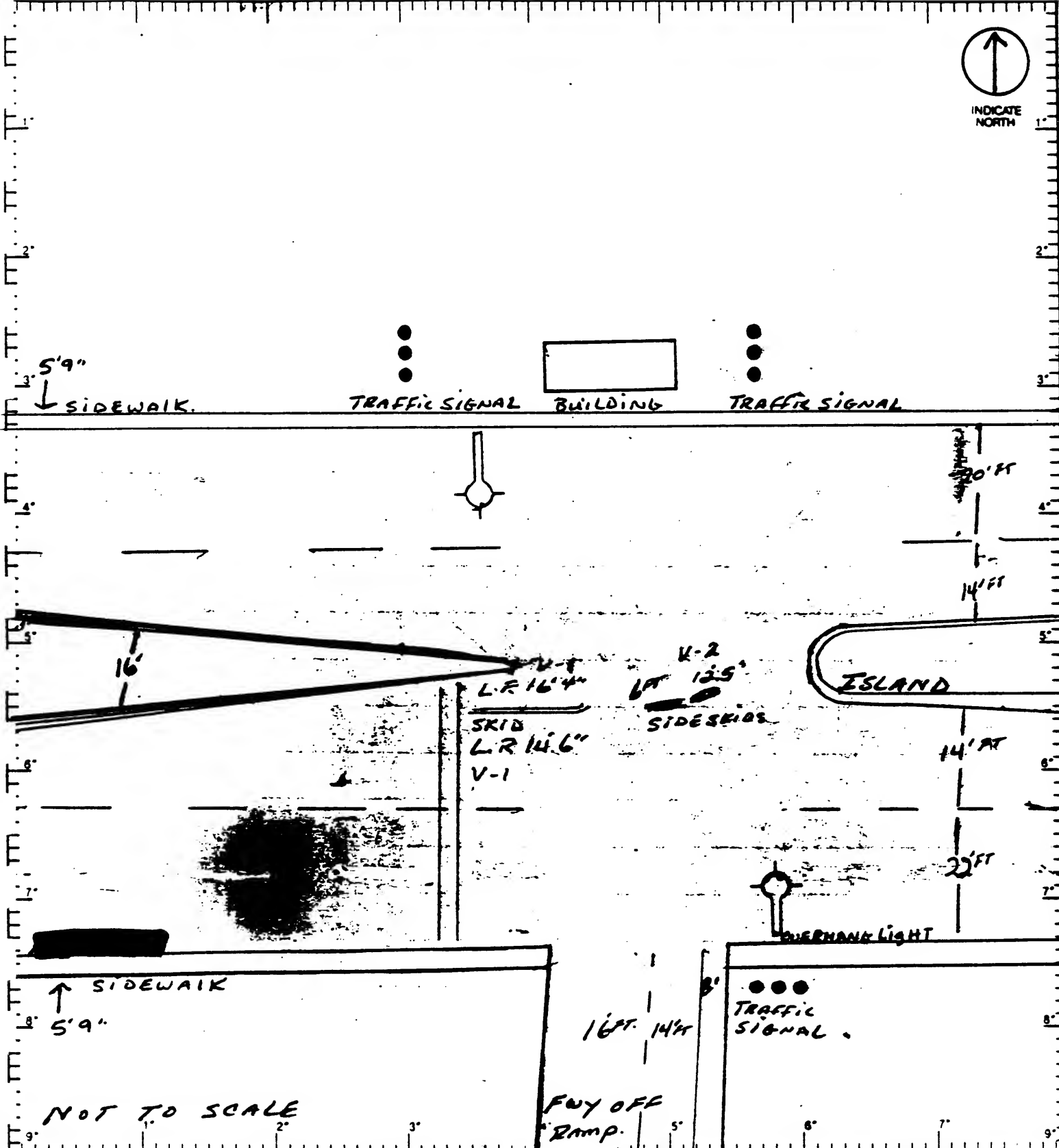
				<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED												
PREPARED BY				I.D. NUMBER		DIV./WATCH		REVIEW — APPROVED BY				I.D. NUMBER				
NAME/RANK								NAME/RANK								

FACTUAL DIAGRAM

PAGE 6 OF 6

DATE OF COLLISION		TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO	DAY	YR 95			

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE)



PREPARER'S NAME	I.D. NUMBER	MC	AV	REVIEWER'S NAME	MO	DAY	YR